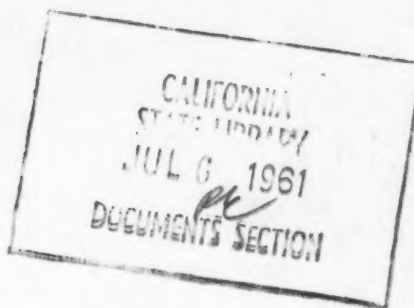


Los Angeles
October 14, 15,
1954

H. Allen Smith, Chairman
Ralph M. Brown LeRoy E. Lyon, Jr.

DO NOT REMOVE FROM ROOM



[Oct. 1954]

California Legislature

ASSEMBLY, INTERIM COMMITTEE
ON

J U D I C I A R Y.

GORDON A. FLEURY, CHAIRMAN

115 State Building
Los Angeles, California
October 14, 1954

Members present:

H. Allen Smith
LeRoy E. Lyon, Jr.

Witnesses in attendance:

Anna Bode Flint, 458 West Lexington Drive, Glendale 3,
20th District Child Welfare Chairman, the American
Legion.

Mary Helen Sullivan, 1325 Highland Avenue, Glendale 2,
Member Child Welfare Commission, Dept. of California
American Legion.

Patricia Hill, Consultant in Health Education, State
Department of Education, 721 Capitol Ave., Sacramento.

Robert E. Wyers, M.D., Supt. and Medical Director,
Metropolitan State Hospital, Norwalk, California.

E. W. Lester, California Adult Authority, 502 State
Building No. 1, Sacramento, California.

Leigh Deming, Dept. of Mental Hygiene, Sacramento.

Lenox G. Etherington, Narcotic Detail, San Francisco
Police Department, San Francisco, California.

Justin K. Fuller, M.D., Medical Consultant, Dept.
of Corrections, Sacramento.

Emmet Daly, Assistant Attorney General, State of
California, San Francisco.

Roger A. Pfaff, Judge, Municipal Court of the City of
Los Angeles.

Chas. W. Fricke, Judge of the Superior Court, Los
Angeles.

W. R. Creighton, Chief, Bureau of Narcotic Enforcement,
State of California.

Ernest M. Gentry, U. S. Bureau of Narcotics.

Kenneth E. Irving, Los Angeles County Sheriff's Narcotic
Detail.

Robert B. Burns, City Attorney's Office, Los Angeles.

Cecil M. Wisdom, Inspector, Detective Bureau, Los Angeles Police Department.

Louis P. Walter, Captain, Narcotic Division, Los Angeles Police Department.

Owen K. Kuns, Deputy Legislative Counsel.

Dr. Marcel Frym, Hacker Psychiatric Foundation, 160 Lasky Drive, Beverly Hills, California.

Ronald Beattie, Bureau of Criminal Statistics, Sacramento, California.

Mrs. Ralph Lewis, Immediate past president of Parent Teachers Association, Los Angeles, 10321 Dunleer Drive, Los Angeles 64.

Mrs. G. J. Hoskin, American Association of University Women.

Dr. Henry Wegrocki, 2010 Wilshire Boulevard, Los Angeles 57.

Wallace Howland, Attorney General's Office.

L. N. Turrentine, Judge of the Superior Court, San Diego.

Charles T. G. Rogers, Chief Probation Officer, San Diego County, 145 West B Street, San Diego 1, California.

Robert O. Fort, Committee Counsel, Sacramento, California.

S. Ernest Roll, District Attorney, County of Los Angeles.

Donald M. Redwine, City Attorney's Office, Los Angeles.

Room 115 State Building
Los Angeles, California
October 14, 1954

CHAIRMAN SMITH: The meeting will come to order, please. On these narcotic hearings, we handle them a little bit differently than possibly some of the others because this particular committee started back at the end of the Session in 1953, and we have carried on from that as a subcommittee of the Assembly Judiciary Committee. Rather than just having witness after witness approach the microphone and read a statement into the record, which we have done during the past several years and particularly after the '51 Session of the Assembly, we have some tables up here, and we would like to get all of the experts up here who have helped so much during the past few years so we can discuss each one of these problems as they come up and in that way resolve ourselves down as to what the Legislature might do.

Our plan at this hearing today is to review the changes we have made in the narcotic laws in the State of California starting in the Spring of 1951, then the changes that were made last year in 1953, then the two changes at the 1954 Special Session to find out how those laws are working, what benefit they have been, if any, and whether or not any of them are not working correctly, then to follow that through with what changes may be offered or suggested that this committee can offer the next session assuming, of course, that we are still in Sacramento come November the 2nd, or subsequent thereto.

The members of this subcommittee are Ralph Brown, who is absent today. However, on my right is Mr. Bob Fort, the Attorney for the committee, my name is H. Allen Smith, and on my left

is Assemblyman LeRoy Lyon from Fullerton, and on his left is Owen Kuns of Legislative Counsel.

Now, if we can find out which people are here as a result of our invitation, I would be happy to have you come up and sit down and then I would like to have your names so that we can get them into the record and we will all know who is participating. I know two gentlemen here. Judge Roger Pfaff is the first gentleman at the table here, a municipal judge in Los Angeles, and next to him is the Honorable Judge Fricke, both of whom have been of material help to us on all of these statutes for some period of time. Now, we have Mr. Leigh Deming down here. Come on, Leigh, I want you and Dr. Wyer and Emmet Daly and Dr. Fuller. I would like to have you get up here and sit down. We are going to give you mikes, pencils, and papers, and we want to have this a workshop so that we can end up with changes rather than just statements on what the situation is. Let's see, who else do we have here?

Ernie, are you going to come up and sit down with us, somebody from the federal authority here? We want to have the benefit of your brains on this. Don? Of course, anybody can feel free to leave or go at anytime if they have other problems, but I would like to have you around.

Now who else is here in response to an invitation? Come up and sit down any place along here and make yourselves comfortable. We are going to record it all so we can go over it, review it, and you can all have copies and we can work it out between now and January. Now, is there anybody else in the audience who is here representing any organization, group, or in response to an invitation from me? Miss. Hill, will you sit down?

MISS HILL: I am Patricia Hill from the State Department of Education.

CHAIRMAN SMITH: Miss Patricia Hill from the State Department of Education.

Now I am going to start over again. We have changed here a little bit. The first lady on my right, what is your name, please?

MISS FLINT: Anna Bode Flint, 20th District Hospital Chairman -- or Child Welfare Chairman, I am sorry, American Legion.

CHAIRMAN SMITH: Anna Flint, 20th District Child Welfare Chairman of the American Legion. Next?

MISS SULLIVAN: Mary Helen Sullivan, Child Welfare Commission, Department of California of the American Legion.

CHAIRMAN SMITH: Mary Helen Sullivan of the American Legion. I would like to have you all know who is here. Then we have Miss Patricia Hill of the State Department of Education. On the end there is Dr. Robert E. Wyer -- it's W-y-e-r-s, isn't it? He is in charge of the Metropolitan State Hospital of the Department of Mental Hygiene. Is that correct, Doctor?

MR. LESTER: E. W. Lester, California Adult Authority.

CHAIRMAN SMITH: E. W. Lester representing the State Adult Authority. And then next to Mr. Lester is Lee Deming -- L-e-i-g-h, of the State Department of Mental Hygiene.

MR. FORT: How do you spell that last name?

CHAIRMAN SMITH: D-e-m -- two m's, aren't there?

MR. DEMING: One "m".

MR. ETHERINGTON: Lenox Etherington, in charge of the narcotic detail, San Francisco Police Department.

CHAIRMAN SMITH: Lenox Etherington in charge of the narcotic detail of the San Francisco Police Department.

DR. FULLER: Justin Fuller, Medical Consultant, Department of Corrections.

CHAIRMAN SMITH: Dr. Justin Fuller who is consultant with the medical department of the State Department of Corrections.

MR. DALY: Emmet Daly, Assistant Attorney General, State of California, Director of the Crime Prevention Bureau.

CHAIRMAN SMITH: And then we have Judge Pfaff.

I am passing a paper around here. I wish you would write your names and addresses on it so that I can be certain to send you copies of our transcript and suggestions.

Then we have Judge Fricke of the Superior Court. Next to Judge Fricke we have Walter Creighton of the Attorney General's Office, State of California, in charge of the narcotic detail. Is that right? Chief Narcotic Law Enforcement Agent. Next to Walter Creighton is Mr. Ernest Gentry who is in charge of several western states for the Federal Department of Narcotics under the Internal Revenue -- how do you state that, Ernie?

MR. GENTRY: Federal Bureau of Narcotics.

CHAIRMAN SMITH: Federal Bureau of Narcotics, United States Treasury Department. And the man there with you?

MR. IRVING: Kenneth E. Irving, in charge of the narcotic detail, Los Angeles County Sheriff's Office.

CHAIRMAN SMITH: Kenneth E. Irving, Los Angeles County Sheriff's Office, in charge of the Los Angeles Sheriff's Office narcotic detail. Next to Mr. Irving is Robert Burns, City Attorney's Office, Los Angeles. Next to Mr. Burns is Don Redwine, City

Prosecutor, Los Angeles City Attorney. Next to Mr. Redwine, who do I have?

INSPECTOR WISDOM: Inspector Cecil Wisdom, Los Angeles Police Department.

CHAIRMAN SMITH: Inspector Cecil Wisdom, Los Angeles Police Department. And next to you, Inspector?

CAPTAIN WALTER: Captain Louis P. Walter, Los Angeles Police Narcotic Division.

CHAIRMAN SMITH: Louis Walter, Louis P. Walter, Los Angeles Police Narcotic Division. Well, I guess that's it.

Now, briefly, to refresh our recollection -- I don't want to bore you with the things you all know, but by the same token I would like to refresh our recollection on the changes that we have made in the statutes in the State Legislature and then carry on from there as to how they have been working and what further changes we might make.

The problem first came up in 1951 towards the close of the session when we first started thinking about this narcotic problem. At that time, one bill was offered up there and was passed at that particular time which changed Section 11714 of the Health and Safety Code. That has to do with selling narcotics to minors. At that particular time, I think from 1939 or 1941 up until 1951, the penalty was not less one nor more than six years for the first offense, and for the second offense it was not less than six years. The 1951 change in the statute changed the penalty for the first offense from five years to life for selling to a minor, and on the second offense, ten years to life. This committee then started at the end of 1951 at the session and held hearings

in Los Angeles and San Francisco and Sacramento and various other cities as a result of which a number of bills were offered at the 1953 Session, last year.

We changed, briefly, the law relating to the Education Code, with the assistance of all of the committee and the Department of Education, whereby the Department is required to give appropriate instruction on narcotics and their effect on the human body. Subsequent to that time, the Department, I believe, has published a booklet which they have distributed throughout the schools. How this instruction is being handled at the present time, I would like to try to find out at this hearing today and any suggestions that they may have along that line.

The main bill that we passed added a new section to the code, which is 11501 of the Health and Safety Code, whereby any person who solicits, or induces, or encourages, or intimidates a minor with the intent that that minor shall violate any narcotic statute, for the first offense he should be imprisoned for not less than five years. We added on to that that if the individual who went through all the changes in statutes, if that individual had been previously convicted of a narcotic offense of this State or a narcotic offense of any other state or of the Federal Government -- a federal narcotic offense -- no matter what it was, it wouldn't have to be possession twice or the same statute, that has to be pleaded by the prosecuting official, and in those instances the individual must then, if convicted of this offense even though it might be his first in the State of California, be sentenced, or he or she, the defendant, would have to go to a federal penitentiary. And the second offense is for that same intimidating

a minor to try and violate a statute is ten years to life on the second. That is a brand new law, and as far as I know, I don't know whether any other states have it or not, but I would like to find out how that one has been working.

Then we added 11502 to provide that any person who agrees, or consents, or offers to sell any narcotic to another individual and then delivers some product other than a narcotic can be punished in the county jail for not more than one year or in the state prison for not more than ten years.

We changed the law on operating and maintaining places where narcotics are sold or given away, which had to do with the changing of Section 11557.

We provided that law enforcement, duly authorized law enforcement officers, investigating the narcotic problem should not be prosecuted. Up until that time, although up until we started studying this we didn't know it, but it would be possible to prosecute any officer or judge for having the narcotic evidence actually in his possession during a case or during investigations. So that was changed.

We changed 11712 of the Health and Safety Code having to do with possession. That's the statute that has to do with possession. The penalty at that time, up to 1953, was in the county jail from 90 days to one year or in the state prison for not more than six years and under the change, it was in the county jail for not more than one year and in the state prison for not more than ten. It was changed from the six to the ten on the maximum for the first offense and on the second from two to 20 years, and again the provision on pleading the prior.

Section 11713 of the Health and Safety Code was changed and has to do with selling. The penalty up until 1953 was the same as for possession, the county jail for six months to a year and the penitentiary for not more than one year and that was changed to delete the six months and make it not more than a year in a county jail or in state prison up to 15 years -- one to 15 rather than one to six and on the second offense, it was changed from five to 25 years rather than one to ten.

Section 11714 was the statute we changed in 1951 on selling to the minor. That remained the same with the exception that the pleading of the prior of the second offense was placed in it, but otherwise, it was the same as we changed it in 1951, five to life on the first and ten to life on the second.

We changed the procedure on reporting aliens convicted of narcotic offenses to be certain that they were reported to the appropriate federal agency.

Then 11715.6, relating to probation. We placed probation back in the courts and allowed them, on the first offense only, to grant probation if they saw fit to do so.

Section 11721 had to do with narcotic addiction. The penalty was three to six months in the county jail. We changed that to make it for 90 days to one year in the county jail, and in addition placing the individual on probation for a period not to exceed five years in the hope that there might be some control over the individual when he left. Also the law was changed to make it so that a witness cannot refuse to testify by claiming immunity.

We changed the Motor Vehicle Code. Up until 1953, there was no provision in there regarding an individual that was involved --

using a motor vehicle at any time when he was involved in committing a narcotic offense. In this instance, we added whereby his driver's license could be suspended.

We also added another dangerous drug to the list of dangerous drugs. At the 1954 Special Session the narcotic was placed in the statute.

We changed 11713, which is the selling statute. We changed it in 1953. Where it was not more than six for the first offense, we changed it to one to 15 and at the last session, 1954, we changed the penalty to five to life on the selling and made it the same as the statute on the selling to minors on the first offense and ten to life on the second. We made another technical change as requested and presented by Don Redwine, the City Attorney at Los Angeles, rewording 11721 on the addict because we had changed it in 1953, giving the five years probation in addition to the minimum of 90 days, and the language was not correct, and we had to change it around to make the probation the sentence with the minimum of 90 days, because legally you can't make an individual take probation if he doesn't want it. So those are the statutes, and they have just become effective, I suppose, within the last month or so. Now, do most of you agree with me that those were the changes that we have made so far to date in the laws?

I think for the purpose of the record I would like to read a few communications from individuals who aren't here that will get us started on some of these problems and then we will carry on from there. I have a letter from Judge Harold W. Sweitzer, who is the Judge of the Criminal Master Calendar in Los Angeles County regarding two points that he suggests. One is on mandatory

penalties, and the other on juvenile offenders.

(See Exhibit I)

I have a letter from Sheriff Biscaluiz, and he has his representative here from the sheriff's office, but I do want his suggestions and comments to get into the record, so I am going to mark this as number 2. For all of our benefits we will read his suggestions and see where we can carry on from there.

(See Exhibit II)

I think we will pass over his comment on the sexual psychopath problem until we finish the narcotic problem.

Mr. Frank Coakley, the District Attorney of Alameda County, is unable to be here. He has been a big help to us over the years, and his letter states that at the present time he hasn't any specific suggestions to offer to the committee.

(See Exhibit III)

For the purpose of the record here, I want placed into the record from Mr. S. Ernest Roll, District Attorney of Los Angeles County, prepared and submitted to me, a copy of a narcotic survey conducted by his office for the period January 1st through June 30th 1954, which is the information that we want on the number of arrests, convictions, and so forth which would, for the most part, apply to the new statutes. However, they didn't become effective until September 9th, 1953, and by the time you commit a violation after that time, identify it, arrest it, and go through the prosecution, many of them were not disposed of by the time that this report was prepared. I have a copy of this here that I think maybe I'll -- why don't you start this around. This is an extra copy and some of you might like to glance at that. As we go on

it might help you bring up some thoughts for the discussion here.

(See Exhibit IV)

Mr. Ronald H. Beattie, B-e-a-t-t-i-e, of the Bureau of Criminal Statistics of the Office of Attorney General has prepared and submitted to this committee statistics from January, 1953, to through June, 1954, as submitted to his Department. I just have the one of these I want to get into the record. I might read his letter here. It will give you a little idea of how he has broken it down.

(See Exhibit V)

I think I'll send this around too, and be sure that you don't put this in your pocket anyone. I want one of these. I want to get it into the record, so don't lose it immediately en route.

Now, the next letter I have with a concrete suggestion here is from Mr. Emmet Daly, who is with us here today, the Assistant Attorney General. He has suggested to us changes in the care and punishment of addicts. Now, we can get into that problem now or we could start first on something else. He has actually written the suggested change in the law, and we will want to go over that in detail because that's one thing we want to answer.

(See Exhibit VI)

Now, do I have anybody here who has to go back to court or has to go any place and can't be with us that would like to offer any suggestions, comments, and opinions to us at this time? How about you, Judge?

JUDGE PFAFF: I can be here until noon.

CHAIRMAN SMITH: Till noon. It's five minutes to eleven now, so we want to have the benefit of any suggestions you have to

offer. Do you have any statement you would like to make to us at this time, Judge Pfaff?

HONORABLE ROGER PFAFF: I am afraid if I make my statement now, you will rule me out of order, but with your indulgence, if I could just have one minute, one of the principal reasons that I wanted to come here, and you will appreciate the fact that I am not here speaking for my court but just as an individual judge, but if I could, with just one minute, get this in the record.

The reason I am here this time, as last time, was to respectfully suggest that there be some amendment to the sexual psychopath act with relation to the referral back of those cases in the municipal court, and they are numerous, where the report comes back that individual is a sexual psychopath, is a menace to the health and safety of others, and will not benefit from treatment. In those cases the present law only provides that he comes back to the municipal court, and in many instances he can only be committed or sentenced for a maximum period of six months. Now everyone admits that that is just a very bad situation. I hope that this session of the Legislature will make some provision that that person may be committed for a longer period, some place, than six months in the city jail.

CHAIRMAN SMITH: Do you have any specific suggestion of how that should be done, where are you going to commit this man or this person ...

JUDGE PFAFF: Well, the penalty could be increased, as Judge Fricke has just suggested. I also feel that in those cases, particularly it's true in misdemeanor matters, that there should be no reason why he should be certified back to the Superior Court at

all. He should just be committed. If a man is a menace to the health and safety of others and will not benefit by treatment, something should be done to keep him from being returned to society.

CHAIRMAN SMITH: Well, we are going to take this sexual stuff after the narcotics, but as long as Judge Pfaff has to leave, I wanted to have his suggestion. I know he is very keenly interested in that problem.

JUDGE PFAFF: I would like to ask Judge Fricke what he feels about these cases of all types where there has been a finding by the hospital that he will not benefit by treatment and is a menace to the health and safety. I would like to have Judge Fricke's view point as to what should be done in that case, whether there should be any referral back to the Superior Court at all.

HONORABLE CHARLES W. FRICKE: Well, let's take the cases that the Superior Court handles direct. We send the man up for a temporary commitment not exceeding 90 days. The hospital certifies that the man is still a sexual psychopath, a menace to the health and safety of others. We now have to send for that man, get him back into court, we read the doctor's reports, in 99 cases out of a hundred defense counsel will stipulate that they have nothing further to offer, and we simply send the man back. It seems an unnecessary expense to transfer him back and forth. I think it would simplify the matter if the law were changed so that if, at the end of the temporary commitment period, we get a certification from the hospital that the man is a sexual psychopath, that he remain there, and there be no hearing unless the defendant demands one. That would help that situation considerably.

Now to reach Judge Pfaff's proposition, the man who is

a misdemeanor, a peeping Tom or a child molestation case, something of that sort, that individual, while he is apprehended solely for a misdemeanor, may be potentially a felony committer, and a good illustration of that is this man Strobel that we had several years ago. He was picked up on a misdemeanor originally. He wound up with not merely violating Section 288 but in murdering his victim, so I personally am inclined to think that a good many of these misdemeanants may be so potentially dangerous that it would be a good idea to tie them up as sexual psychopaths for a distinct period of time.

CHAIRMAN SMITH: Does anyone else have any comments on this particular problem now so we can go ahead and get that one out of the way?

JUDGE FRICKE: May I make another comment, Mr. Chairman?

CHAIRMAN SMITH: Yes, Judge Fricke.

JUDGE FRICKE: We have a peculiar situation in our law. For some reason or other, and I don't know who is responsible for it, trial of insanity issues and the hearings and trials of sexual psychopathy must go to the Superior Court. I think it would be much more efficient if they were handled by the court in which the case arose. In other words, if an insanity defense is offered in the municipal court, or a question of present insanity is raised in the municipal court, or a question of sexual psychopathy would arise in the municipal court, it would seem much more practical that that court handle the matter entirely from start to finish. This transferring back causes a delay of time and more or less confusion. Besides, it doesn't seem practical to me. The municipal court judges are just as capable of handling those matters as we are.

JUDGE PFAFF: I thoroughly concur with that. I concur with everything you say, as usual.

CHAIRMAN SMITH: Now does anybody else have any comments to make on this particular problem? Judge Wyers, do you have any comment to make on that one? Or Doctor Wyers, pardon me.

DR. WYERS: Judge Pfaff has brought up an interesting --

CHAIRMAN SMITH: I don't think they can quite hear you down there.

DR. WYERS: Judge Pfaff's remarks relating to the misdemeanor case are well taken as far as I am concerned. We do have those cases that we do not consider treatable after the observation period at the hospital, and we are well aware of the problem involved when we send them back and there can only be six months as a maximum sentence. That is not, in our opinion at the hospital, protecting society as we should. However, we feel in the hospital that we should honestly state whether they are treatable or not and we do not feel that the hospital should continue to keep cases that are untreatable, so I think the law should be, in some way, revised to take care of this, as the Judge has mentioned. Maybe an increased sentence in cases of that kind or another suitable institution could take care of them. It is hard for the hospital to keep the psychopaths, the criminal element that obviously are not treatable, for an indeterminate time in the hospital. Judge Fricke's remark about the returning to court when there is really no problem to be solved is, in our opinion, also unnecessary. We have wondered ourselves why it couldn't be simplified so that a case, when there is no issue involved, needs to go back to court again just to be sent back to the hospital. I believe those are

all the remarks I have to make.

CHAIRMAN SMITH: Well, on the return to the court, we can answer that easily because when we placed this law into effect it was quite a change and we felt the individual's rights should be protected or we might get our whole law thrown out when it started, and I imagine ...

JUDGE FRICKE: Mr. Chairman, I think that is quite similar to instances that we have, for example, in the question of present insanity. A man is insane to the extent that he is not able to cooperate in his defense. That point can be raised, and he is entitled to a trial. If a man in the state hospital, who is there on a temporary commitment and is found to be a sexual psychopath, demanded a hearing, then we could give him a hearing, but the fact is that practically none of them want any hearing. It seems also, if I got Dr. Wyers idea, that it's rather a silly sort of a thing for a hospital to certify that the man is incurable and then the law provides he can stay in the hospital. You've got a man there that you can't do anything for occupying a bed that could be occupied by someone that you could cure. I think in those cases the man could be -- maybe he is absolutely incurable -- returned to court and committed to the jail or the prison with a proviso that he was not to be released until he had become safe to be released to society.

CHAIRMAN SMITH: Thank you, Judge. Does anyone else want to comment? Don, do you have anything to say on this subject? Anybody else? Mr. Deming.

MR. DEMING: This is Leigh Deming, Department of Mental Hygiene. With reference to the return to court after 90 days, we

are trying out a proposition in the north which I think the judges might consider and that is to have the patient, the defendant, waive the hearing at the end of the 90 day period, sign a written waiver and present that to the court and then have the court make the order of recommitment. If the judges think that that procedure will operate, we can have those waivers signed by the people in the hospitals in lieu of returning them. That would be, of course, where the patient the defendant will sign a waiver.

JUDGE FRICKE: I have a comment on that, Mr. Chairman. My experience has been that you ask a man to waive some right and his general tendency is to say no. We have in our cases of civil insanity hearings -- the man, after he has been found insane by the lunacy commission, has a right to a jury trial. You tell him he has a right to a jury trial, and whether he needs one or not, he'll demand it. We can reach the situation, however, by a provision that he is not to be returned to court, that he is to remain on a commitment, the trial judge to send an indeterminate commitment up to the hospital unless the defendant demands a hearing. Now, that would make it similar to our present insanity law that the man could demand a hearing. If he didn't, why he automatically would waive it.

CHAIRMAN SMITH: Okay. Any more comments from any of you on this problem?

MR. LESTER: I just wanted to make this comment that from time to time we have cases that are diagnosed as untreatable and then they are sent back to the Superior Courts and the Superior Courts commit these persons to the Department of Corrections, and we find that in some cases they respond very well to treatment.

It causes us to wonder whether or not the 90-day period, which is presently prescribed for diagnosis to determine whether or not they are treatable, is sufficiently long in some of these cases. Would it be wise to either change the period of diagnosis, lengthening it somewhat, or in the cases that seemingly are untreatable at the end of the 90-day period, to provide for a further incarceration in the state hospital because we do believe that the staffs in the state hospitals are better prepared to diagnose these people than we are -- than the staffs are in our own facilities outside of the medical facility which next year will be located, as you know, at Vacaville.

DR. WYERS: May I make just one other comment regarding the observation period? You will note in the law it says that "treatable in a state hospital". Now, in returning a case to court and saying they are not treatable, we don't mean necessarily that they are a hopeless case. We mean under our setting, with our facilities, and with the fact they are in a treatment program that they are not treatable with us. We don't mean to render them hopeless, and I was glad to hear Mr. Lester's remark. We assume that if they do go to prison, they would have some opportunity for treatment in their setting. Various reasons might make us feel that they are not treatable with us. I just wanted to clarify that point a little bit.

CHAIRMAN SMITH: Dr. Fuller.

DR. FULLER: Mr. Chairman, there is another interesting problem presented by these so-called untreatable cases. One, how long should we keep them? Two, when are they fit for release? We have no criteria cure now for some of these sexual psychopath cases. The Judge mentions Strobel. It so happens that I knew Strobel very well up at San Quentin. I saw him everyday for a

period of six months. He was very much a creature of circumstance, and if he had not had a capital sentence, I am sure that I would not have had the foggiest notion of when he would have been fit to be released. Without some new method of treatment, which as yet we have not discovered, I would --

JUDGE FRICKE: Doctor, are you aware of the fact that over a period of time he had been doing this thing to this little girl, that this wasn't an isolated instance?

DR. FULLER: Yes, I do, and I was going to say that I do not have any measure of -- any criteria of knowing when it might have been possible to release him. In other words, he, along with a very considerable number of other sexual psychopaths, or sexual cases, was so dangerous a person that he would have had to stay in restriction for the rest of his life. Now, --

JUDGE FRICKE: Do I get this idea, doctor, the man might be convicted merely of violating Section 288, that is fondling a child under 14 --

DR. FULLER: And being so potentially dangerous that he might break out in a felony situation at any time --

JUDGE FRICKE: Perhaps commit a homicide. However that individual might go to a penitentiary, for example, and even without any definite treatment be released at the end of a period of years and be perfectly harmless from then on.

DR. FULLER: But he might, on the other hand, not be harmless from then on. That's what I say. We have, at the present time, no criterion of cure. We don't know when such an individual is cured, and in our present circumstance, the only thing we can do, theoretically at any rate, is to hold those people for the rest of

their lives. I enter that as, first, kind of a ridiculous thing because there are so many of them at large now that should be under some sort of control that we would have to build many new institutions to keep them.

JUDGE FRICKE: Well, do you have any figures as to the possibility of recidivism? In other words, if a man has been convicted of a 288 and he is released from prison, what are the chances that he is going to come back again with another conviction? My personal experience over the last 35 years has been that we very seldom have a man charged with violating Section 288 who has had a previous 288 conviction.

DR. FULLER: Well, I know of many such cases who have been in and out of jails on misdemeanor charges time, and time, and time again.

JUDGE FRICKE: That's true. I am talking about the felony cases now.

DR. FULLER: Well, every misdemeanant of that kind is a potential felony just as Strobel was. If I may say what I was leading up to in this whole thing is that what we need is research. We had one research program started three or four years ago in the Department of Mental Hygiene under the auspices of the Langley-Porter Clinic, and they were developing some really good material. They were finding out, for instance, that there was a chemical difference in the makeup of some kinds of sex offenders that differentiated them from other kinds of sex offenders. Now that research has petered out, and I say that the State of California, confronted by such a serious problem as it is confronted by in these sex cases, should learn more about them before they do much

of anything else.

JUDGE PFAFF: Well, I want to focus attention on the problem that I would like to see the Legislature take care of this next Session. I won't mention his name, but it is a rather famous case which brought this thing to a head before, and it is not a typical case. This fellow, who had a long record, including a 288 for which he served time in San Quentin, of child molesting, appeared before me in the municipal court charged with child molesting again. He was found guilty, and I certified him to the Superior Court as a sexual psychopath. He was then committed out to one of our mental institutions and was kept there for the 90-day period. He was returned to the Superior Court with the notation that he was a sexual psychopath, that he was a menace to the health and safety of others, and that he would not benefit by treatment. He is then returned to me in the municipal court and the maximum time that I could commit him was six months. He now, as far as I know, is walking the streets of Los Angeles today. Now that's the case I want to get at. That individual should be permanently committed someplace until he can be certified as not a menace to the health and safety of others in this or any other community. In the Superior Court you have some way of sentencing him, maybe, to the state penitentiary, but we all know that a large proportion of these cases, child molesting and others, exhibitionists, peeping Toms and those who have the characteristics of a sexual psychopath, are most of them in the municipal courts. They are handled as misdemeanors, and as Judge Fricke says, they are all potential felons.

CHAIRMAN SMITH: Assemblyman A. I. Stewart just came in. I would like to have you all know Assemblyman Stewart from the

47th District, Pasadena. A. I., we are happy to have you with us. If you would like to come up and sit down and join our little party, you are most welcome to do so.

Doctor Wyers for the purpose of the record, do you have any idea how many people we now have, sexual psychopaths, in mental institutions?

DR. WYERS: At the present time, we are using the new state hospital, Atascadero, which was arranged for that purpose, and we are in the process of transferring the unit to that institution at the present time. When we started these transfers in early July -- late June, early July -- we had at our place better than 400, 470, I believe is the exact number. All of those people except -- well, all of them had been convicted of sex offenses or they would not have been there. About 75 to 80 of those were on the 90-day observation period and the balance were committed on the indeterminate commitment. We, at the present time, have at our place about 50 indeterminate commitments and about 70 or 75 observation cases and the balance are at the Atascadero State Hospital. Then Mendocino has approximately 300, did you say, Mr. Deming, at their place? You see, the Metropolitan only takes care of the southern California and the Mendocino State Hospital the northern California commitments.

CHAIRMAN SMITH: In other words, there are about 770 there, more people in than there were before we passed the sexual psychopath ...

DR. WYERS: What I am speaking of is in the hospital system --

CHAIRMAN SMITH: Yes.

DR. WYERS: Now Dr. Fuller, perhaps, can enlighten us

on what is in our . . .

CHAIRMAN SMITH: Dr. Fuller.

DR. FULLER: Very roughly, there are about ten per cent of the total population of the state prisons who are sex cases. The present cross section is about 14,000, so that it would be about 1,400.

CHAIRMAN SMITH: Fourteen hundred. All right, does anybody else have any comments they want to offer on this particular problem?

Well, as long as we are on this one subject, maybe we can clear up the other, and then we will get right back and stay on narcotics. We had this bill last time at the request of the Department of Mental Hygiene to change the name from sexual psychopaths to mentally abnormal sex offenders to make it more in keeping with the medical terminology of what these individuals were. I personally -- it was my bill, but I wasn't too happy about it because we are getting along on this sexual psychopath. Everybody seemed to know what they are talking about, and I still am somewhat of the same opinion. Now, we have the bill referred to this committee. I would like to ask, first, from the doctors of Mental Hygiene, do you want to push this again, do you want to discuss it here, or do you want to give it some thought and go over it with me later on or what is your desire on that particular problem of changing the definition? Mr. Deming.

MR. DEMING: I think I can answer that, Mr. Smith. Changing the definition, we don't believe, is too important. If there are other changes advisable in the Act, then possibly we might think about revising the definition to make it a little better, but

we don't believe there is much point in changing the definition alone because the courts and the hospital personnel are pretty familiar now with their present definition and to change it simply creates some confusion. So far as the definition alone goes, we don't think it's advisable to bother with that unless we make some other substantial changes in the Section. In that event, we might think about polishing up the definition somewhat.

JUDGE FRICKE: May I comment on that from a lawyer's standpoint?

CHAIRMAN SMITH: Yes, Judge.

JUDGE FRICKE: We've had this definition for some time. As the doctor has suggested, we have become adjusted to it. I'll concede that it is not as good a definition as could have been devised, but we have been working with it. It has been working satisfactorily, and we have had at least Appellate Court decisions interpreting the meaning and stating what it does or does not include. For example, they held it does not include cases of insanity, that there is a distinction between a sexual psychopath and a sex pervert, and that being a sexual psychopath does not involve any lack of understanding on the individual's part. I would hesitate to have the law changed because we would run into a question of interpretation then and a lot of questions would be raised which might cause difficulties. I think as long as the law is working good, while the definition may not be as perfect as it might be, I'd like to see it stay where it is.

CHAIRMAN SMITH: Any more comments on that?

DR. WYERS: I think that is the opinion of the departments.

CHAIRMAN SMITH: Okay, doctor.

Now, let's get back on narcotics. Mr. Daly, do you want to start and give us your presentation as a result of the Advisory Committee -- the Citizen's Advisory Committee of the Attorney General?

MR. DALY: I believe it might be well, if it meets with your approval, to defer our presentation for this reason that two or three other persons who are going to be here, for example, Mr. Robert Mead, who is the Chairman of the Los Angeles Committee of the Citizen's Advisory Committee to the Attorney General, was to be here, but he is ill this morning, but will be here, I understand, either this afternoon or the first thing tomorrow morning. Mr. Carl Wynkoop, who is the Deputy Attorney General from San Francisco and very familiar with this subject, plans to be here and will be here tomorrow morning. Also, Mr. Wallace Howland, Assistant Attorney General, is to be here on this subject too. I thought rather than taking it up piecemeal and somebody saying something from our office may be out continuity, it would be better to do it in continuity if we could do it that way, if it didn't interfere with your program.

JUDGE FRICKE: Mr. Chairman, I would like to know what the proposition of Mr. Mead and the Attorney General's Office is, because I may not agree with it. I would like to express my opinions. We may agree.

CHAIRMAN SMITH: All right. Just supposing for our information, I read their suggested changes and then we will all give some thought to it between now and when we get down to seeing about it. This is the one change that was presented to me by Mr. Daly as a result of their committee:

"It is respectfully proposed that the Health and Safety Code of the State of California relating to narcotics

and the control, care, and punishment of addicts thereunder, shall be amended in the following manner, that there shall be added Section 11391.1 to read as follows:

'There shall be established a hospital at state expense to be known as the California State Hospital for Narcotic Addicts. Said hospital shall be governed by a board of three appointed by the Governor. Of the three, one shall be a member of the medical profession who is a psychiatrist and one shall be a member of the California Bar. The place of said hospital shall be designated by the Governor. The Board of said hospital shall employ doctors, nurses, and attendants, qualified in the field for the treatment of those addicts. Said hospital shall be a medium security institution. Only such persons shall be admitted for care and treatment to said hospital as are committed by Superior Courts of the State of California in conformity with the provisions of Section 11721 of the Health and Safety Code as amended.'

"It is respectfully proposed that there be added Section 11391.2 to read as follows:

'There shall be established, at places designated by the Governor out-patient clinics subject to the control of the Board of California State Hospital for Narcotic Addicts for the purpose of giving care and treatment to narcotic addicts released under the provisions of Section 11721 of the Health and Safety Code, as amended. In such communities where it is not feasible to establish such out-patient clinics, the Superior Court shall be empowered to designate any competent doctor who is a psychiatrist to give to treatment and care to any person still subject to the jurisdiction of the court as provided in Section 11721. Such out-patient clinics as shall be established by such Board shall be staffed by competent medical doctors and psychiatrists, depending upon the case load in said clinic within the discretion of said Board. Nothing herein contained shall give the right to any doctor to administer narcotics to any person in such out-patient clinic, and should it come to the attention of any doctor in said out-patient clinic that any person subject to their care under the provisions of this code has returned to the use of narcotics, said doctor shall report the same in writing, upon the ascertainment of these facts, to the Superior Court, and said court may then revoke the probation and return said person to the California State Hospital for Narcotic

Addicts for treatment there for a period of not less than one year.'

"It is further respectfully submitted that Section 11721 of the Health and Safety Code, which reads as follows:

'Punishment of Addicts: No person shall unlawfully use or be addicted to the unlawful use of narcotics. Any person convicted of violating any provision of this section is guilty of a misdemeanor and shall be placed on probation for not more than five years, and the court shall sentence the person convicted to not less than 90 days nor more than one year in the county jail as a condition of the probation"

Now, that's the final re-written 11721 as it was passed in March of this year. I guess we go on right on after that, probably, just from the above section amended to read as follows:

"It's submitted that this Section shall be or the court may, in its discretion, place the person upon probation for not more than five years, and as a condition of said probation, sentence said person to the California State Hospital for Narcotic Addicts as provided in Section 11391.1 of this Code, and such person shall be sentenced for not less than 90 days nor more than one year. Such person may at any time after 90 days apply to said court for a modification of said probation, and the court, in considering said application, shall request the Board of said Hospital to furnish to said Court a written opinion as to whether or not said person is ready for release. When the person is released from said hospital, either by fulfilling the full term of sentence or by modification as herein provided, such person shall remain under the jurisdiction of the Superior Court for the balance of the probation period, and as a condition of said probation, may be required by the court to submit to out-patient treatment at out-patient clinics as provided in Section 11391.2. At the conclusion of the probation period, or any shorter period of termination by the court, such person may be permitted, under the provisions now existing under Section 1203.4 of the Penal Code, upon motion duly made to be relieved of all penalties and disabilities of said conviction and may enter a plea of not guilty in place of a plea of guilty, or having been found guilty, such person may have a not guilty verdict entered, and the matter shall

be dismissed and such records from that point forward shall be sealed and not subject to public inspection in order that such person may not be injured by having a public record of a conviction relating to the addiction of narcotics!"

That is the proposed change.

JUDGE PFAFF: May I ask a question of the doctor? In cases of narcotics addiction, is the 90-day period a sufficient time to work any program of rehabilitation? That is, I suppose, the legislative intent, the mandatory 90 days was to take someone out of circulation for a sufficient period of time to try to effect some type of a cure. Is 90 days long enough?

DOCTOR WYERS: My opinion is, as a general rule, no. In 90 days you don't have sufficient time to clear that individual of his addiction or give him sufficient treatment that you can feel that he will stay off of narcotics.

JUDGE PFAFF: Do you have any recommendation as to what the period should be if 90 days is not sufficient?

DOCTOR WYERS: Well, now, in some few cases you might want to release at that time.

JUDGE PFAFF: You feel the law is satisfactory as it now stands with regard to the mandatory feature?

DOCTOR WYERS: I think perhaps about as good as any. We used to have, when we were operating the narcotic hospital at Spadra, the commitment read not less than eight months nor more than two years. Well, of course, we had many revert after that time, so there are some objections to making the time too long because there are exceptions that you want to be able to grant, and I don't think I would complain much about the 90 days as a minimum.

JUDGE FRICKE: How about the maximum, doctor? Would you say a year should be the maximum or should it be, say, 18 months?

DR. WYERS: Eighteen months or two years -- I will give you an opinion from my experience -- would probably be more suitable than one year because addiction is a most difficult problem to handle and it takes time. So many of these cases -- it's a personality thing, and addiction is only a symptom, so you've got a rather difficult problem in your treatment program. I would prefer to see, say, 90 days to 18 months.

JUDGE FRICKE: It might be interesting to add here that when we had the hospital at Spadra and Dr. Thomas Joyce was the doctor there, he was strongly in favor of a period pretty close to 18 months and not satisfied with anything much less than a year.

DR. WYERS: That's right. That's correct.

DR. FULLER: I agree with what Dr. Wyers has said and would like to add just one little touch to it. For sometime I was the clinical director of the Federal Narcotic Hospital at Lexington, Kentucky, and we came to believe that the optimum period for the hopeful case was somewhere in the neighborhood of nine months. If a longer maximum were given, that is if the sentencing judge gave a longer maximum -- a longer minimum, rather -- the patient was apt to get sour and institutionalized and all of the good that we might be able to give him from institutionalization was undone. We had one particularly aggravating judge who never gave less than a five-year sentence on a narcotic charge, and he was the bane of our therapeutic life. Now, the case that is not hopeful, the deadender case who has so many -- to use a term that has been used

here in another sense -- untreatable psychiatric things about him, who is so ingrained in his habits, why, of course, you can't give him too long a sentence.

JUDGE FRICKE: Well, doctor, my impression is that the length of time in the hospital should be almost entirely in the discretion of the medical staff of that hospital.

DR. FULLER: I think that is very true, yes, sir.

JUDGE PFAFF: May I make this one comment about the language there because I will not be here this afternoon? I notice when you read the first section it said -- it speaks about the Superior Courts committing, making no reference to the municipal courts insofar as commitment for narcotics addiction. Then I thought that was cured when you started 11721, the amendments to that; however we come along and they refer again to "he shall be referred to the Superior Court" again. Well, I think there is just a little unfortunate confusion in language unless it is intended that the municipal court shall commit and then thereafter it is to go to the Superior Court? I don't think they mean that. I think it's just an unfortunate, perhaps, use of language. It might be better to use just the word "courts of record" and that would cover both municipal and superior, I mean if you are going to have a hospital.

CHAIRMAN SMITH: Well, I would assume that this language has been drafted as a suggestion and gives the basis of it, and of course so far as changing the language, we would have a lot of people work that over until it was finally arrived at the correct language of the purpose.

I think the first thing to answer is whether we are

going to have a hospital and how we end up on that, how many people, where we are going to get the money, where we are going to place it, whether we can staff it, whether we have the doctors and the nurses, the equipment, and all of those to handle it. Those are the vast problems. First we have to determine whether we should have one, and then we are going to get into the federal right now because I think a lot of it is going to depend on their facilities and whether or not we can financially handle it.

Mr. Gentry. Let me say one more thing first, Ernie.

Emmet, I am not trying to dodge your request that it go later because when Mr. Neeb and the others come in we will go over it and we will give them the benefit of our discussion again, but let's carry on.

MR. GENTRY: Mr. Chairman, the thought behind the recommendation of the Attorney General is, I might say, the thinking has been given consideration by Congress in the enactment during the last session of a mandatory commitment statute for drug addicts in the District of Columbia plus the compulsory treatment of those addicts. However, I am certain that the law that was enacted by the Congress there differs in this respect that while they provide for thorough and complete hospitalization such as is now being given at Lexington and Fort Worth, they do not provide for the outpatient clinic proposition such as is provided for here in the proposed state statute, but on the other hand, they provide for supervised rehabilitation under other than medical persons, and I think that when we recognize that we are dealing with criminals, in the main, drug addicts, and narcotic law violators, that it ceases to become wholly a medical problem and requires some form of a parole or probational supervision such as that as is provided

by the Adult Authority -- or rather under the parole systems of your State. It is not wholly a psychiatric or a medical problem, and those clinics, as proposed to be established here, would be staffed insufficiently to supervise the activities of any addict other than during the period of time he might be in the clinic undergoing interrogation.

Now, the other thought in mind, and I think that we have the inducement proposition presented in this proposal, and I don't mean to state this as an attack because I want to make it clear that I, in some 15 years federal narcotic law enforcement and the entire Bureau of Narcotics of the United States Government, has recommended that there is a shortcoming in the various state laws of the United States and in the federal statutes whereby there is no supervised period of time following the release of an addict from an institution after his treatment and cure of drug addiction. I believe that the Federal Government may give that consideration at the next session of Congress, and I think, certainly, that the Legislature of the State of California is wise in giving the matter consideration here, but, back to the proposition of the addict following his commitment. We are dealing with addicts, all of whom have voluntarily become addicted through their own desire and unsocial approach to a way of life. The drug addict is provided, in this proposed statute, with an escape where he can have all evidence of such illegal acts and unlawful acts and laws that violate the various theories of the laws of all the countries of the world expunged from his record and not be held accountable to society or to anyone else by the simple procedure of becoming cured and going in and making application to the court and having

it expelled from his record. It is not in theory with the practice being carried out in any country today, and only in the case of voluntary admissions to the United States Public Health Service institutions at Fort Worth and Lexington, are those records kept secret and sealed and not available to the public. On all of those sentenced for a violation of any statute, where it be exclusively narcotic law violation or any other federal law violation, if they are found to be addicted to the use of drugs and are committed in the institution, that record is a public record, because they are there serving some form of sentence, and I merely wanted to inject that thought in there because I think that the problem is that broad and requires that consideration in any action the Legislature intends to give on the matter.

JUDGE FRICKE: Mr. Chairman, I agree with the latter portion of the gentleman's statement; however, we must remember that this addict is on probation for five years, so during that five-year period, he is under supervision of the probation officer.

I don't like the last part of the suggested change about wiping the record clean. That was somewhat the condition of our original probation law. I think the proposal should be amended to conform with the language of 1203.4 of the Penal Code which provides that "however, if the individual becomes a recidivist, then the record may be resurrected and used against him in a subsequent prosecution", and I think that should be put in there as it is in the case of all other criminal offenses.

CHAIRMAN SMITH: Thank you, Judge Fricke. Is there anybody here now that will be unable to be here this afternoon that has any statement they would like to make for our information?

I expect to see you all back in your little chairs, then, this afternoon?

I think maybe if we knocked off a little bit before twelve, we wouldn't have to stand in line for a half hour to get lunch, so if it's agreeable, I would just as soon knock off. Some of you would like to call your office and check before your girl goes to lunch, and that way if we get back at, what time, 1:30 or 1:45? Whatever is convenient. Do you think everybody can check with their office, make their calls, have lunch and be back by 1:30? Okay, we will adjourn, then, until 1:30.

1:30P.M.

CHAIRMAN SMITH: Is everybody in their same chairs for the benefit of the reporter? It looks as though we are in the same spots, and we have no new faces to participate in the meeting.

Just before we adjourned at noon some of the people in the audience said they had some statements they would like to make, and as long as we are going to consider any comments that anybody may have to offer, maybe at this time we will take a few minutes and if anybody from the audience has any statements they would like to make, fine. Now, we want constructive suggestions and we would appreciate it if you would confine it to the amount of time you need so that we won't delay unnecessarily.

I believe you had something. Will you identify yourself, tell us who you are with, and so forth?

MRS. FERRIS: I am Mrs. Regina Ferris, 1022 Blane Street, Los Angeles.

CHAIRMAN SMITH: Can you talk a little louder, Mrs. Ferris, without too much trouble?

MRS. FERRIS: Yes, sir. I have attended a lot of these sessions on juvenile delinquency, and it seems that they are all in the same category, it's always the same people. I think it would be very constructive if more parents would be invited and children would be invited to attend to find out the cause. Without a cause, we will never be able to get a solution, and I am suggesting that we have open courts for our children and permit children to make bail. I feel that if people and if the neighborhood knows what the child has done, they are going to do everything they can to help that child and not hinder it. We are building more institutions and more hospitals and more authorities. The parents don't seem to be considered at all. Institutions don't seem to be helping any. Delinquency is increasing. Everything seems to be increasing. We need a little more cooperation with the parents. It is going to take probably another generation to accomplish that, but right now I feel that most parents are interested in their children. They have given up a lifetime to help them, and I think they are still able and willing to support them and help them without too much interference from authorities.

I think the idea of making bail, and there's part of what this Altadena Youth Plan -- I am very much interested in that for they have councils in different neighborhoods. Where children commit a crime, they are taken there and things are worked out very successfully, and I think that would be one solution. If we could accomplish some of that, of course the book would have to be revised to some extent. These authorities violate both the State and the United States Constitution. I don't have the numbers of the Articles here with me, but I do have them, and it violates

both Constitutions the way they operate today. Well, I think that's about all I have to say.

CHAIRMAN SMITH: Thank you, Mrs. Ferris. Thank you very much.

MRS. FERRIS: Thank you.

CHAIRMAN SMITH: Now, is there anybody else out there that would like to give us the benefit of their thoughts at this time?

Now, are we ready to go on with your suggestion, or do you want to postpone it until we get some more of your people here, Mr. Daly?

MR. DALY: I would prefer to wait . . .

CHAIRMAN SMITH: All right. We will continue.

Now, let's get down to the changes here and start around the table and find out if the changes we made in '53 are working, if any of the probation is being violated or if there are any objections, any suggestions, thoughts, or criticisms one way or another.

Let's see. I suppose we might as well start right down here with -- how about Captain Wisdom or Walter, one of you two people there? So that we can catch it on the record, will you, each time, say who you are?

INSPECTOR WISDOM: I am Inspector Wisdom of the Los Angeles Police Department.

The Department feels that, generally speaking, the laws, as they now exist, are adequate and some of them have not been in effect long enough to have been tried long enough to have sufficient knowledge of what the results of these laws are going to

be, good or bad. Further, the proposed in-and-out-patient section which is proposed there, I believe was tried with not very much, if any, success several years ago.

JUDGE FRICKE: That was our clinic system, captain?

INSPECTOR WISDOM: Yes, sir.

JUDGE FRICKE: They dispensed narcotics at those clinics.

INSPECTOR WISDOM: That's true, but for a very adequate and specific picture of how the laws are operating, I am going to ask Captain Walter of the Narcotics Division to have something to say regarding that, and since he has been in such close touch with the picture here locally for a number of years, he is very well qualified to talk on the subject.

CHAIRMAN SMITH: Okay, Captain Walter.

CAPTAIN WALTER: Lewis Walter, Los Angeles Police Department.

We have had very satisfactory results in connection with some prosecutions under the new legislation that was effective as of the first of July. Since that time several -- I think three in number -- of the persons arrested who had prior narcotic offenses have received the term prescribed by law in connection with their prior offense as a result of the sale of narcotics to officers from this city, and in addition to seeing the person confined for the period of time necessary to remove him from the scene of narcotic violations locally, there is a real hope that the result of the thing will be that the persons in connection with narcotic traffic who have not previously been the subject of arrest may be, with adequate trial with this new legislation, brought into a position where they will be the subject of sufficient evidence

and we will be able to present a case to the court which will be satisfactory.

In connection with the proposed legislation on hospitalization and treatment of addicts, I would like to inquire if there is any contemplation at a future time as to what the law would envision as to the treatment - or the disposition of persons who are considered to be untreatable or incurable in connection with this proposed legislation.

CHAIRMAN SMITH: Is that a question you wanted answered or one that we will answer later on?

CAPTAIN WALTER: It's possible that may come up later in connection with the --

CHAIRMAN SMITH: That's a good idea.

CAPTAIN WALTER: In reading over the pamphlet regarding the meetings of various persons in connection with this Citizen's Advisory Committee to the Attorney General in which it indicates the probability of the matter being set up two years from the outset of the treatment centers, or the hospitals that will be provided, that the incurables may be provided with narcotics on an outpatient basis. As I say, that may come up later on and I would like some verification on it.

In the local picture on addiction, we have found that the existing law, 11721, as it now stands, in connection with the courts and with the City attorney of this City, has given the people here some protection from those persons whose habits have placed them in the position of having to go into some type of degradation against property or some violation of the morals statutes in order to secure the wherewithal to perpetuate their habit, and the local

department here has had considerable success with the law as it now stands. We have prosecuted some 475 persons in the period between September 1st of '53 to June 30th of '54 for the use or addiction to narcotic drugs, and in the majority of cases, the prosecution has been sufficient to secure prison terms averaging about 115 to 130 days, on the average, of these persons convicted. We feel that that has been of benefit as far as narcotic enforcement is concerned. We feel it has been of considerable benefit in connection with the depredations against property, which would be the usual method that these people would use in connection with obtaining the money for their existence. I, too, would like to say that until we have had an adequate trial of the existing legislation, I would respectfully suggest that we don't change it. Thank you.

CHAIRMAN SMITH: Let me ask you two or three questions and see if we can get -- I want to get an opinion all the way around. Are there any statutes on the books at the present time whereby you think the penalty should be raised?

CAPTAIN WALTER: From the standpoint of the municipal police department, I think the penalties are adequate in connection with the treatment and rehabilitation of persons addicted. I would defer there, however, to the opinion of better-qualified personnel.

CHAIRMAN SMITH: Do you think in any of the selling statutes that we should give consideration to the penalty of life imprisonment on the first and death on the second, or death on the first in any event?

CAPTAIN WALTER: I think that the purpose of the penalization and the legislation should be directed toward effective control of the problem. I am certainly in sympathy with anything

that will effectively control narcotic traffic, but I think that at the moment we should determine whether or not this existing legislation is adequate. Of course, there is a well-recognized circumstance which arises out of harsh punishment that there are many persons, who are in a position to have sympathy extended to them, who will perhaps not receive any conviction at all in certain circumstances, and where under the more indeterminate sentence they would have received a conviction. I am speaking in connection with the matters as seen by the juries and the attitude of the public toward penalization and imprisonment of criminal individuals.

CHAIRMAN SMITH: Now, have you had any cases since the change in '53 when we placed probation back in the courts on the first offense where you think that judges have violated that and have given the individual probation when you sincerely think he should not have received it?

CAPTAIN WALTER: Mr. Smith, I don't know of any specific cases in that regard. The matter as submitted to the court for their consideration from the probation authorities is not something that I have knowledge of. I don't know the basis on which the court's decision is made. They are furnished reports by the Probation Department. I certainly have no quarrel in that regard.

CHAIRMAN SMITH: Okay, thank you. Do you want to answer those same questions, Wisdom, or is it all right to carry on with things?

INSPECTOR WISDOM: That covers it as far as I am concerned.

CHAIRMAN SMITH: What we started to do is go around the table here. We want to find out two or three things, Mr. Redwine. First, we want to find out if there are any changes that you think

should be made in any of the statutes, whether you think the changes that have been made are being effectively carried out from the penalty standpoint, and the probation end, any suggestions that you have for this committee.

MR. REDWINE: I don't think there is any present suggestions to the existing law. The only objection we had to the amendments of 1953 was corrected in the Special Session of '54. As far as the penalty is concerned, I don't think that you are going to accomplish the ends if you make the minimum penalty excessive. By that I mean so it won't fit every particular case. I think it's the certainty of conviction and the certainty of punishment that deters anybody from committing a crime rather than severity in case they are convicted, and our experience over there, and we handle misdemeanors, of course and I know it's even more pronounced in felony cases, if the court hasn't a certain amount of discretion in penalty, and don't forget the jury knows when a particular crime carries a very excessive penalty, they won't convict in close cases or they won't convict in cases where they don't feel the defendant deserves the penalty provided by law. They will give the defendant a break. As far as the penalties at the present time, I think the penalty is adequate in all the sections I have read. Of course, I can't speak for the felony cases. We don't handle those, but I am satisfied from what I have heard that probably a district attorney would have the same idea I have as far as prescribing excessive -- that is excessive in the mind of the public -- minimum penalties.

CHAIRMAN SMITH: On the probation standpoint, what is your experience since we placed probation back in the -- the right of giving probation on offenses. What has your experience been?

Good, bad, indifferent, or what?

MR. REDWINE: You are speaking about the '53 amendment?

CHAIRMAN SMITH: That's right.

MR. REDWINE: Several of our judges over here in some cases interpreted that to give them back the right of probation without the necessity of giving them the maximum 90 days. We had a very few of those cases. As a matter of fact, there was a serious question on the interpretation of that but that has been corrected at the present time, if that is what you had in mind.

CHAIRMAN SMITH: Yes.

MR. REDWINE: Under the old law.

CHAIRMAN SMITH: You take no quarrel with the action allowing them to have probation on the first offense at the present time, with the change in statute that we made on letting the courts give probation? You don't think that we did anything we shouldn't have done?

MR. REDWINE: Are you talking about vag addicts now?

CHAIRMAN SMITH: Well, no, the vag addicts won't come in. I am thinking right straight across the board on all of 11712 and 3 and 4, of which your office doesn't prosecute the felony cases, but have you had any experience or heard of any cases where you think that right is being violated by the judges?

MR. REDWINE: No, I don't think so. No, I haven't any, and as a matter of fact I don't think that even a jury or very few courts, if any, that I know of feel that the minimum of 90 days is excessive at all in a situation of that kind. We have no trouble at all in getting convictions in addiction cases because of the 90-day mandatory jail sentence. None whatever.

CHAIRMAN SMITH: Any other suggestions you want to make on any possible changes you think we might want to consider changing?

MR. REDWINE: No, I have none at the present time.

CHAIRMAN SMITH: I am assuming that in these answers we are eliminating the hospital and the clinics until we present that as a separate problem. Now, Mr. Burns, do you have any comments you would like to make?

MR. BURNS: No, I haven't any suggestions. I just reiterate the expressions by Mr. Redwine that the present law seems to function very smoothly as far as our office goes. I think the police department is making about 80 arrests a month and we have had no difficulty with convictions or presenting the evidence to date, even under the Garcia case.

CHAIRMAN SMITH: Okay. Mr. Kenneth E. Irving of the sheriff's office, what can you add to this?

MR. IRVING: Our experience with the laws as they are presently on the books has been very satisfactory, and I think that from the letter the Sheriff wrote to you, Mr. Chairman, he indicated that he was completely in sympathy with any law or any procedure which would help to eliminate the problem.

In that regard I would like to bring up something that I think is very apropos to any consideration of this kind and that is the narcotic problem, as a whole, in my estimation has a two-fold approach. We are concerning ourselves here largely with what are we going to do with the addict, how are we going to handle him and how are we going to attempt to get him back into society. I think that by the same token we should also consider the effect

of the addict and those trafficking in narcotics on society in general. In other words, we have an obligation to society to protect society from the effects of drug traffic and its use. Now in that regard I would like to read a short paragraph here, or an excerpt from a report made by Dr. Harris Isbel of the Federal Narcotic Hospital in Lexington. I think he points it up very nicely. Quoting from his article that was published in the Merck Report in July of 1951 he states as follows:

"If a person learns about drugs and begins their use as a result of association with addicts, addiction is much more likely to occur than if a drug is administered for medical reasons. This is another way of saying that addiction, like a contagious disease, spreads from person to person. The current outbreak of addiction among minors in our large cities appears to be spread chiefly through the association with other young addicts. Abuse of one drug predisposes to abuse of another drug. Individuals who smoke marijuana are likely to graduate to heroin or morphine."

Now, as I see this over all problem, anything that we can do to eliminate or to decrease the degree of contact by drug users and drug traffickers with that portion of society that does not condone the use of drugs or narcotics is a step in the right direction. I feel that we should have the welfare of society and the general public, who does not go along with the idea that the drug addicts take -- the drug traffickers -- that they do not have to conform to the morals and the moral standards of society, that if they choose to take a path of life which calls for the use of drugs, they have every right to do it. I think society owes it to itself to take any steps and all steps it can to prevent the contagion of the non-users by the users.

CHAIRMAN SMITH: Do you have any specific steps from a legislative standpoint that you would like to suggest?

MR. IRVING: I feel somewhat concerned about the legislative attitude of the State of California. If we relent, let our gates down legislatively speaking, in such a manner as to make the State of California a more desirable place for an addict to stay or live, we are disservice to the people of the State of California. Other states, from time to time, enact stringent, harsh legislation with the result that those who are concerned, mainly the drug addict and the drug trafficker, leave that state and seek greener pastures, and I'm afraid that if we take any steps to make California a sanctuary for drug addicts or people who traffic in drugs, we are making a big mistake and we are not doing the right thing by the people of this State.

CHAIRMAN SMITH: Well, now, I can assure you and everybody present that the Legislature -- there is no member up there who has any desire to do that, and, of course, all we can do is pass the laws and we have tried to do that. We have tried to make a number of changes, and we stand ready, able, and willing to present any other bills to the Legislature that, as a group here, we can get a majority opinion on that they should be changed, so we have no desire, any of us, to do that. Do you have anything specific in mind that you think we haven't done that we might be doing?

MR. IRVING: Mr. Chairman, I think the laws that we have at the present time are good laws. I personally would not want to see anything done to weaken them.

CHAIRMAN SMITH: I think we will all agree with that. Do you think any of them should be changed or strengthened in any way? Do you advocate any increased penalties in any of the statutes?

MR. IRVING: No, I haven't. However, at a later date, I do have a proposition that I would like to enter for discussion. I think it's probably not the proper time at this time to introduce that.

CHAIRMAN SMITH: All right. Feel free to do that at any time during the hearing that you think is the proper time.

Have you had any experience that has been distasteful to you in any way from the standpoint of the probation angle since the '53 changes?

MR. IRVING: No, I can think of no instance where the probation application was not properly laid. It is really beyond our function or position in the enforcement picture to make any recommendations on probation. Those recommendations are made by men who are trained in that respect and are applied by judges who understand the problems.

CHAIRMAN SMITH: In other words, you are satisfied to let that statute -- let that change continue until we have some more experience under it?

MR. IRVING: I believe so, yes, sir.

CHAIRMAN SMITH: Okay. Any other comments?

MR. IRVING: I think that is all for now.

CHAIRMAN SMITH: Thank you very much.

ASSEMBLYMAN LEROY E. LYON: Mr. Chairman, I would like to ask the gentleman from the Los Angeles Sheriff's Office a few questions.

Mr. Irving, it would seem to me that from the thinking you just expressed that we might go one step further to -- A thought came up during the noon hour discussion that is just a

little bit off the line, Mr. Chairman, of just what their reaction is to the present laws, but we were talking this morning about the necessity for treating these people and the problem of the incurables and the question of a state narcotics hospital, all items which admittedly are costly, we can't see the end in sight, really. I couldn't help but think that fifteen or twenty years ago, when some of us were at the same age that the juveniles of today are, we didn't even hear, in southern California and these communities, of a marijuana cigarette much less the ability to come in contact with one, or find one, or buy one, or be given one. Certainly, we had no concept or knowledge as a high school student of heroin or opium or any of the other derivatives. It seems like, and I think this has been raised before, the natural question is isn't there something that we could do, perhaps, more cheaply than build hospitals which would build an iron curtain around California and perhaps the rest of the states to more effectively keep the drugs entirely out of circulation so that we wouldn't have the problem of isolating the users from the non-users, but isolate the drugs from all. It's not the same problem as control of the use of a substance like liquor, for instance, where you have problems of prohibition which are impractical, but here, I think, we are all agreed that a complete prohibition of marijuana and all the other drugs would be desirable, except for medicinal purposes. We had no difficulty, as I recall it, as a youngster, in keeping the drugs in the doctor's office and in the drug store and away from young people. Do you have some suggestion as to how we might, by the judicious increase in the expenditure of money, more effectively keep the narcotics completely out of circulation, from getting into San Francisco,

into Los Angeles, across the border at Mexico at San Diego. You might throw that out to some of the others after you get through with it. I think that would help me in some of my thinking anyway.

MR. IRVING: I might mention that during the recent Senate committee hearings held here in Los Angeles the gentleman from the United States Customs Department testified, and I think probably very truthfully, when they stated that they felt they were doing a good customs inspection job if they were able to intercept 10 per cent of the smuggling as it entered the ports or the borders of this country. Now, to say that they should do more is one thing, but we must realize that there are hundreds of miles of border, there are some 47 miles, I understand, of dock space and shore line in Los Angeles Harbor with some 3,500 ships coming in there every year. We have over a hundred thousand people crossing the Mexican Border every month, either in automobiles or on foot, and it would be a Herculean task to hope or attempt to shake down or inspect every individual and every item that he carried across that border. We cannot act against the problem until it is here upon us. In other words, once the heroin or marijuana comes into the State of California, it's our problem. Now, if we can't control the supply, it seems to me that our only out is to attempt to control the market, and, in the final analysis, the narcotic addict is the market.

ASSEMBLYMAN LYON: You would say, Mr. Irving, then, that in your opinion we have done and are doing about all we can to reduce the flow of narcotics into the State.

MR. IRVING: Well, actually, the State -- it's beyond the jurisdiction of the State, I believe, to attempt to control it at

the borders. That is a federal function.

ASSEMBLYMAN LYON: Well, I appreciate that. I just wanted to get your evaluation that in discussing this with other people you feel catching ten per cent of what does come in, what is smuggled in, is about the maximum effective percentage we are going to get without spending, say, more than it would cost to build hospitals to take care of the addicts. I realize that is a generalization, but it seems to me we are faced with spending more money to keep it out or spending more money to take care of those who become addicts.

MR. IRVING: I am afraid that if we do anything to make narcotic addiction attractive or socially accepted we are doing a disservice to the people of the State. It is a situation -- we must face the fact that the addict didn't accidentally become an addict, the great preponderance of them. It is something he deliberately set out to do. Now why we should take a soft attitude toward a man who deliberately sets out on a path of self-destruction is to me a little inconsistent. I mean, by becoming an addict, turning to the use of narcotics, he has taken a non-conformist, anti-social attitude.

ASSEMBLYMAN LYON: Oh, I certainly concur in that. I really don't understand your discussion of that as responsive to my question. I don't think there has been any allegation that the legislation as it now stands is taking a soft approach to users or peddlers or any of those connected with the problem.

MR. IRVING: I say that I believe that the laws, as they stand now, adequately cover the situation.

ASSEMBLYMAN LYON: Yet we have an increasing problem.

MR. IRVING: We have an increasing population. We have

an increasing exposure to narcotic addiction. As long as addicts are able to . . .

ASSEMBLYMAN LYON: You would say, then, perhaps it was a matter of education, then.

MR. IRVING: I think education is a very important phase of it in the over all approach to the problem.

ASSEMBLYMAN LYON: Mr. Chairman, I have no further questions or comments, but I would like, at a later time, to ask some of the others that same general question. Well perhaps at the same time -- Mr. Gentry, you are with the federal service. Do you have any thoughts as to whether or not we could effectively, with a reasonable expenditure of money, reduce the inflow of narcotics into California?

MR. GENTRY: Well, you are dealing with a problem that is national in scope in the first place, and while your consideration for California as an individual state is just in view of the Assembly's position, on the other hand, regardless of the situation, unless there is uniformity in all of the states and in the nation as well, you are only going to drive them from one spot into the other, and that is a point we have been trying to bring with all the states.

I think as far as getting back to the initial question there prior to your asking me on it, I believe that at this time the state statutes from a penalty provision standpoint are very good, and, in fact, I believe that they are better than some of the other states. They are in a position among the top states of the nation. I don't believe that there is an expenditure of funds required to solve the situation as long as we have a cooperative effort. This, primarily since we are dealing with laws, is

supposed to be a law enforcement problem from a public standpoint, but primarily it's a social problem, and it's a problem that has been dealt with by other nations throughout the world for hundreds of years. It has only been a problem in the United States since about 1865. I think that California occupies a unique position in the narcotic drug trafficking picture throughout the country and that California first encountered the problem. In fact, the first drug addicts encountered in the country were encountered in California. The first white drug addict, an opium smoker, was encountered in San Francisco and we had, in California, the first anti-narcotic legislation in the form of an anti-opium smoking ordinance in San Francisco, and the next place in the United States where we have a history of legislation was in Nevada, so certainly California has been conscious of it, and I think the Legislature has done a remarkable job on its study.

Actually, as it has been stated, I think that, until more adequate statistics can be compiled from the current laws, they should rest insofar as they are concerned regardless of any technical changes that might have to be brought about.

There is one shortcoming I would like to point out to you and it's a matter that you have had before you on many occasions before and I don't mean to raise it as an issue at this time, but to clarify your thinking and in order that you may correctly interpret some statistics that were presented to you today and passed around from Mr. Beatty of the California Bureau of Criminal Identification, Mr. Beatty's statistics were the statistics on violators who were confined in the state prison system only. You were not furnished with the records from the

various municipal courts of the State of California, and I have seen no such records available and it is my understanding that you don't have any such records available in the State whereby you can ascertain for the same offenses that those people were confined in the state penitentiary others were prosecuted in your municipal courts and given short term jail sentences of up to, in your Los Angeles County, an average of 191 days for the same offenses, sale and possession. I think there is one of the situations you might wish to give consideration to if you expect to overcome the situation which we encounter in Los Angeles County, which is the worst in the State. I might tell you generally that I am not trying to present this from an alarmist angle. I think there has been an improvement, from my experience, in the past year in the State of California -- an improvement in the trafficking situation. I think that the law, which was first enacted requiring mandatory penitentiary sentences last September, has already taken its toll. A great majority of your violators are either in the federal penitentiary and the state penitentiary, and as these violators come before the courts under the mandatory provisions of the current statute, I think you are going to see it take a further toll and reduce your addiction problem.

ASSEMBLYMAN LYON: Do you think that the legislation which we now have and which was passed in '53 has made California less attractive to those who were moving into the State in increasing numbers up to the last year?

MR. GENTRY: I would state this, I know of two areas that are -- and I don't mean to put anybody on the spot -- I know of two areas in the State of California that face the worst situation

that we have in the State. I know of another situation where they have been conforming wholeheartedly with the statute as it was amended, and I believe the situation is improved and I believe that the local authorities, in addition to my own agency, are in a position to state that it has improved, and it is because they have conformed to the wording of the state law as it was amended last year and to the intent of the Legislature. On the other hand, in these two areas where we have a situation that is still somewhat out of control, I was somewhat amazed to note here today that individuals with priors were not being sent to the state penitentiary, and while I am not supposed to pass judgment on those matters -- I appreciate the fact that there might have been extenuating circumstances -- it was my understanding in the legislative hearings last year that individuals with prior convictions must have that prior conviction alleged at the time he is brought to trial on the new charge, and if he is found guilty he must be confined according to the prescribed time. I was somewhat surprised to note that in the statistics from Los Angeles County that on the sale of heroin, out of 165 cases, 64 of those cases -- this is for the first six months of this year -- were sent to the state prison and yet 69 of them had priors. There were five cases disposed of with a prior in some other manner. Now, that was on sale. On possession of heroin, exclusively in Los Angeles County, there were, out of a total of 382 cases, 137 of those cases had prior narcotic convictions. Yet only 95 of them went to the state penitentiary, so something happened beyond the intent of the Legislature to 42 cases with prior narcotic convictions. Now, we will go to the marijuana situation. Out of 44 cases, I noted on the statistics, that on the sale of marijuana there were five

prior convictions had by defendants brought before the court and six went to the state penitentiary, which was a fairly good presentation. Now, on the possession of marijuana, out of 298 total cases handled, 51 had prior narcotic convictions, and yet only 23 went to the state penitentiary. Now, it's a little bit beyond me, as a law enforcement officer and speaking solely as such, to determine how we in law enforcement can handle the problem when we are not getting the cooperation, and the Legislature is not getting the cooperation that they intended. Maybe someone else has the answer, but I certainly can't see it in that manner. If we are going to deal under the table or lightly with these people, we are going to continue to have the problem. Now, you are certainly having more arrests in the State of California than you are having in any state in the Union, and I don't mean to say that it is alarming because the arrest statistics this year, I believe, will be below those, state-wide, that you have in 1953. From a juvenile standpoint, I don't think that is an alarming statistic. You had teen-age addiction 25 years ago and you are going to have it 25 years from now. The spread of the addiction is what we are attempting to deal with and contain those situations that are considered incurable. Out of the entire United States last year, there were some one million children brought before your juvenile courts of the United States for various offenses. Over 300,000 of those children were charged with specific law violations in the juvenile court system of the country, and yet out of that total there were only 4,415 of those youngsters charged with a narcotic law offense, which was less than $1\frac{1}{2}$ per cent of the total, which indicates thoroughly and most certainly that it's just one facet

of a general criminality that exists throughout the country, and if we apply what weapons we have and make certain that they are receiving proper utilization, I think that's the best that we can possibly do with the problem.

You are certainly not going to keep drugs out of this country, because it's the same thing as your auto theft, burglaries, and everything else. You have offenses that are capable of commission within the borders of the United States, and we have done nothing insofar as positively prohibiting their commission. How can we do it with a problem so vast and international as the drug traffic?

ASSEMBLYMAN LYON: I appreciate your comments very much, particularly your last remark. I certainly didn't mean to infer from my question that it would be possible to completely stop all the importation of it. Would you answer two or three short questions? Is the importation today greater than it was a year ago or five years ago?

MR. GENTRY: You are speaking from the smuggling standpoint?

ASSEMBLYMAN LYON: As you catch it. In other words, if you catch ten per cent of it, is your ten per cent take bigger this year than it was a year ago or five years ago?

MR. GENTRY: Well, I'll tell you what I can do. I'll tell you both ways on that and then I have one other thing, and I hope you won't let me forget it, to tell you with respect to the international situation. I wanted to point that out to you.

I can deal with federal statistics from California for the two preceeding years, '52-'53. Now, that will bring you right to home as to what you are encountering locally. Generally I will

tell you that from '46 to '53 at a national level there was a steady increase in the quantities encountered by law enforcement officers at the federal level. That included Customs and the Bureau of Narcotics. The increase was indicated in heroin, smoking opium, and in marijuana. The cocaine increases occurred in 1947 and 1948 but dropped completely when the international control in the Caribbean factory situation was brought into play. From the '52 standpoint at a federal level in California, there were 102 ounces of heroin seized by our officers. In 1953 there were 221 ounces seized, and in January 1st to date this year, there has been about 82 ounces seized. Smoking opium in 1952 -- and all of this was of Mexican origin but the heroin was not, contrary to many statements. We are dealing with a three-fold problem in California, a supply from the Orient, a supply from the east, and a supply from Mexico, but in 1952 the seize in this State was 2,628 ounces of smoking opium, which was in excess of that seized in the entire United States by all of the narcotic bureau and the customs agency service combined. That was seized in the State of California in 1952. It was of Mexican origin. Now, in '53 the seizures fall, 651 ounces and in 1954 to date we have seized 797 ounces. Crude opium has been at a minimum. Marijuana has been high. 1952 was the highest year for the past three years. Otherwise that represents the traffic situation from a seizure standpoint.

Now, back to the international situation. The nations of the world, with the United States leading, have, since 1908, been endeavoring to bring about a protocol, an agreement, between various nations of the world to limit and restrict the production of narcotic drugs in all of the countries to the actual medical

needs. That's one of the problems. There is an over-production. The efforts culminated with the protocol which was drawn in June -- May, 1953 and it is now before the Senate of the United States for ratification and it will thereafter go back to the United Nations. There have been eighteen nations sign that protocol already, and, of course, if we can get them to abide by it, it will reduce the available drug supply throughout the world and will consequently cut the drugs which are available for smuggling into this country.

ASSEMBLYMAN LYON: Is Mexico a party to that 18-nation . . .

MR. GENTRY: Yes, sir.

ASSEMBLYMAN LYON: Red China, of course, we cannot ever expect will participate in that I presume.

MR. GENTRY: I don't presume we will ever have any success in that . . .

ASSEMBLYMAN LYON: That is one of the major sources, is it not?

MR. GENTRY: For heroin, yes, sir.

ASSEMBLYMAN LYON: Thank you very much. That helps to give the picture a little bit -- it seemed logical if we consider the aspect of the importation, because if we could cut off more of that obviously there would be less, and you have shown how something is being done in that direction very effectively and very definitely.

MR. GENTRY: Yes, sir.

CHAIRMAN SMITH: Mr. Gentry, on these statistics, I am not too familiar with them either -- we have them here, but I wonder if possibly on the difference there in the people that have gone to, say, a penitentiary and the number of cases with priors it is because of the break-off, if it wouldn't be fairer to

statistics for us to try to find out if we can on the break-off of the laws. Now it would be entirely possible they came in September, 1953, some of them that actually would show with a prior from their arrest record could have been arrested and charged with a previous violation and not get around yet to starting January and February and so forth. When they get around we may have them in our pending cases. Now each one of those, in the one of the "sale" there where we had six, we had no pending cases, but there still are 14 pending. I don't know.

MR. GENTRY: My only thought, Mr. Smith, in bringing that out was this, that regardless of when the offense was committed, whether it was committed prior to the time to the enactment of this mandatory penalty provision, we, in my opinion, would not be -- we would be only kidding ourselves if we stated that the man was not sentenced to the penitentiary because he didn't come within the statutory provisions for mandatory penitentiary punishment because it would have been up to the discretion of the court to consider the prior.

CHAIRMAN SMITH: That may be very true --

MR. GENTRY: So, if we are going to put dope peddlers in the penitentiary, let's put them in there is the way I look at it.

CHAIRMAN SMITH: The question that was raised was whether or not the pleading of the prior is being violated, and that's one thing that we don't want to take place, and in order to determine that I think we have to catch the case -- have to find out whether the case was on a violation of the statute as it was amended and not on the previous one. I had hoped that at the time of this hearing

we would have a breakdown of statistics for at least six months, January 1st through June 30th, '54, but I have found out now it is impossible to have those at this time. We are still too early because they haven't reached the point -- there are still pending cases. We are still in a confusion on the cases from the standpoint of the dates they were asked to get it in. So until we get the exact statistics, we may have to wait until maybe March of next year to have a complete first six months, and I don't know how long we will have to wait to get the full year. I don't know how long that takes. It breaks off some place in there. It's pretty hard to figure.

MR. GENTRY: Look, let me add this other observation that I believe that with those statistics in that connection and considering that matter separate and apart from the other question which I raised on statistics that your total penitentiary sentences which are shown on the -- I mean your total confinement, periods of confinement, as shown on your statewide statistics, instead of being in a skyrocketing position where they are compared with federal sentences, will be in the cellar if you compare them with your short-term sentences where they have been reduced to a misdemeanor and allowed to be confined in a county jail for up to and including 14 ounces of heroin in cases that I know of.

CHAIRMAN SMITH: Rest assured we are not here --

JUDGE FRICKE: Is that in state or federal courts?

MR. GENTRY: That's in state courts, sir.

CHAIRMAN SMITH: Now you mention checking on the municipal court cases. Which offenses do we have in there that we would check on?

MR. GENTRY: Sale and possession where they are charged --

JUDGE PFAFF: Not in the municipal court.

MR. GENTRY: Not in municipal but -- I don't mean municipal court. I mean that they are not included in your state prison statistics as a felony conviction, because when he is confined in the county jail, it is reduced to a misdemeanor category and is not included in your state --

CHAIRMAN SMITH: Well, then when you said you thought we ought to check the municipal courts, you didn't mean that.

MR. GENTRY: Not in that -- I am sorry, sir, I didn't mean that.

CHAIRMAN SMITH: You mean that went to the county jails, is that right?

MR. GENTRY: That's right. That's what I meant, yes, sir.

CHAIRMAN SMITH: Because we don't have any statutes that apply on that on the sale.

MR. GENTRY: That's what I meant. I meant to clarify it.

CHAIRMAN SMITH: Now you mentioned before Mr. Lyon asked you that question there you said you had something else you didn't want to forget.

MR. GENTRY: I told it about the international protocol.

CHAIRMAN SMITH: Oh, I see. Now do you have any specific suggestions on any of the statutes that you think we should offer any amendments or changes to, eliminating the hospitals and so forth until we get on to that specifically?

MR. GENTRY: No, sir. I believe that the laws are adequate as they stand, and, as I said, I think the penalty pro-

visions are better than they are in a great majority of the states.

I have one thought. I have raised it before, and I don't mean to be controversial about it and I don't intend to pursue it. It is a thought that is being considered by Congress and that is that a dope peddler should not be entitled to probation even on the first offense, and I know the question that is going to be raised with respect to your 19-year old and so forth. On the other hand, speaking strictly from the law enforcement standpoint, we are all aware of the fact that that man, if he commits it at 17, 19, or 20, chances are he has committed many other violations to become in possession of the drug and be capable of committing a sale offense. While we understand, of course, he can't be sentenced for something that is not before the court, you are dealing with a different type of crime in drug trafficking situations, and I certainly think that from my own standpoint a drug seller is not entitled to probation on the first offense. I know that the Legislature gave that consideration last time, and I don't have any proposal to make to the situation here.

CHAIRMAN SMITH: Okay. Thanks very much, Mr. Gentry. Mr. Creighton, you are next.

MR. CREIGHTON: Mr. Smith, I was wondering if you are at this time giving consideration to changes in all sections of the Act? I believe you are.

CHAIRMAN SMITH: We are trying to cover any changes that have anything to do with any narcotic statutes, Welfare, Health and Safety, or whatever they are.

MR. CREIGHTON: Now, there was one matter that was brought to my attention by Mr. Gentry. In fact, it came up at

a meeting that Mr. Gentry and I had with Mr. Wynkoop, Mr. Carl Wynkoop, and Mr. Hefferen of the Board of Pharmacy. Section 11331.5 is a section that provides emergency supply of narcotic drugs for hospitals that do not maintain a pharmacist. However, there are several classes of institutions that are attempting to take advantage of that particular section that are not really entitled to have a supply of narcotics on hand. I anticipated that Mr. Carl Wynkoop of the Attorney General's Office would be here as he is writing a section 11331.6 to present to this committee which will provide that the responsibilities for such institutions shall rest, no doubt, with the Department of Public Health and that the Federal Narcotic Bureau, that's Mr. Gentry's Bureau, may be able to go to the Department of Public Health relative to qualifications of certain institutions. Now Mr. Wynkoop will be in town tonight and at the meeting tomorrow, and I believe he will have that written up for presentation and suggestions. Now, that is one observation. Another is that it is felt by members of our Bureau that in Section 11500, in addition to the words "possess, transport, sell, furnish, administer, and give away", it would be well to include the word "facilitate". We are going to ask for that also.

JUDGE FRICKE: It isn't necessary, if I might interrupt. "Facilitating" would be "aiding and abetting", and that would be covered by our general statutes, so if somebody facilitates, or helps, or aids, or abets somebody else in violating a narcotic law, he could be prosecuted just as well as though he did the thing himself.

MR. CREIGHTON: I had something in mind, Judge. The seizure of automobiles, I think, would be made much easier were

the word "facilitate" placed in the law, particularly with reference to the transportation of narcotics. What are your thoughts on that?

JUDGE FRICKE: Well, if I understand the meaning of the word "facilitate", it means to make more easy by doing something which makes the thing more easy, and if a person knowingly aids another in committing a crime, he is just as guilty as the man who commits the crime. If I know that John Jones wants to kill somebody and he says "Let me have your gun so I can kill John Jones", and he goes out and kills him, I am guilty of murder. I am facilitating that murder. I think the difficulty with adding that word is that you might run into a possible interpretation, since we already have "aid and abet" in the statute, that this word "facilitate" means something other and beyond that and what does it mean, and the statute might be declared unconstitutional as being ambiguous.

MR. CREIGHTON: Well, I would like to discuss that with you further, Judge, sometime when it wouldn't take up so much of the committee's time, but I did have in mind the seizure of automobiles. I do believe the word "facilitate" is in the federal regulations.

MR. GENTRY: "Facilitate" does this. Where the individual offender uses a particular vehicle, and though he doesn't use it in the actual physical sale or the actual physical possession of the drug, if he used the vehicle to facilitate the sale or possession, the vehicle may be forfeited, and what Mr. Creighton had in mind . . .

JUDGE FRICKE: How could he facilitate without aiding and abetting?

MR. GENTRY: Well, if he rode up to the street corner in

the vehicle and parked the car and then went around the corner and retrieved the drugs and brought them back and made the delivery, he hadn't used the vehicle to transport the drugs, he hadn't used it to make the sale, but he had used the vehicle to facilitate the sale and transportation.

JUDGE FRICKE: What you want to punish, then, is a person who uses a vehicle in connection with a violation of a narcotic law.

MR. GENTRY: Yes. That's correct, sir.

JUDGE FRICKE: I think you can draft a statute that would cover that.

CHAIRMAN SMITH: Well, should that go in a possession statute? That ought to go . . .

MR. GENTRY: In the Vehicle Code.

MR. CREIGHTON: It would have to appear in a possession statute to start and then it would affect the seizure sections.

JUDGE FRICKE: Frankly I would amend the forfeiture section of the statute to cover that . . .

MR. CREIGHTON: But not the possession and the transportation sections?

JUDGE FRICKE: No, I don't think it's necessary to do that, because you are reaching a different situation. What you are trying to do is to forfeit an automobile which is used in connection with the narcotic traffic.

MR. CREIGHTON: That's correct.

JUDGE FRICKE: And regardless of whether it's direct transporting or anything else. Now basically what you are punishing is a person who uses it for transporting.

MR. CREIGHTON: That's right.

JUDGE FRICKE: It might be something short of transporting and still the fellow is morally just as guilty as though he had actually transported it. He is going to transport it just before he gets into the car; for example, he is stopped. Of course, you still could prosecute him for an attempted transportation there, but that would be a little complicated.

MR. CREIGHTON: Well, yes. I thought that that would facilitate matters a little bit.

One of the sections that was amended at the recent Special Session was 11713. You will remember this, Mr. Smith, and the penalty that is set forth is not more than one year in the county jail or from five years to life in the state penitentiary. I feel that there is too large a gap there from one year in the county jail to the five years in the penitentiary. I would suggest that either the prison term be dropped to a possible two years or the county jail sentence be stricken entirely. I feel that the courts, in looking this particular section over, may feel that five years in the penitentiary is too long a period for the particular offender and would drop naturally to one year in the county jail. I think it's a deterrent factor as far as prison sentences are concerned. My suggestion would be that the words "imprisonment in the county jail for not more than one year" be stricken in that particular section. Now those are going to be presented to you.

Also, Mr. Smith, I was wondering if consideration would be given to the Welfare and Institutions Code as far as commitment to state institutions is concerned. Would you be in a position to receive any suggestions for amendments on the Welfare

and Institutions Code?

CHAIRMAN SMITH: You bet. Go right ahead.

MR. CREIGHTON: Between Section 5350 and 5361 of the Welfare and Institutions Code -- I don't remember the exact section -- it's set forth that the person shall be committed to one of the hospitals of the Department of Mental Hygiene for a period of not less than three months. In years gone by it was never less than eight months. When Spadra was in operation, it was eight months and for several years following the closing of the Spadra Hospital, it was still continued at eight months. However, due to, in part at least, the overcrowded conditions in the state institutions, we were approached here a few years back and asked if we would have any objection to allowing the person to be discharged from the hospital at the end of a three-month period. We agreed at that time. However, it appears now that three months in a state institution is hardly adequate as far as treatment is concerned, not so much as far as the individual himself or herself is concerned, but as far as a public service. We feel that a person who is taken out of circulation for a period of only three months is out on the street again in a short period of time and we know returns to the drug -- our experience has shown that -- and will go about bringing about addiction in other persons that he or she may come in contact with. Where they are out of circulation for a period of eight months, it's a greater service to society. That's my opinion. I feel that the 90-day sentence in a county jail as a drug addict is too short a period of time too. I would like to see and I would like to have an expression of opinion, particularly from Dr. Wyers, on this that the period of time -- that is the minimum period of

time -- that they may be kept in a state institution be set up to eight months.

I don't think the courts have abused the privilege of extending probation. I think our probation law is -- our law entirely is quite adequate with the exception of a few changes that I have myself and others have suggested. I feel that the probation clause in there is well put and I feel that it has served its purpose. I think the courts are privileged to extend probation where they see fit. I was not always of that frame of mind, but I have come to believe and have seen that it definitely serves a purpose. I think we are having greater cooperation from the courts now that we give them a certain latitude.

I feel that as far as the problem of drug addiction is concerned, there are two final solutions, very definitely, and I think eventually we will meet one or the other. It may take a generation to wipe out our problem, but complete permanent isolation is one or making a felony out of the drug addict laws is the other. I think that wherever we are able to keep the persons out of contact with the general public you are definitely going to cut down the problem of drug addiction. We know that each addict is capable of bringing about addiction in at least five and more than likely ten other individuals. It's the addict, himself, who promotes drug addiction, not the peddler. The peddler doesn't approach the individual to make an addict out of him. It's the addict who brings about addiction in other individuals. I do feel that complete isolation will be finally met, maybe in years to come. Maybe I'll never see it, but I do feel that it is the only way that we are going to get results.

Mr. Gentry and Mr. Irving mentioned the filing of priors. We do have some spots throughout the State where priors are being ignored, and I feel that stress should be put on those particular counties. That's about all I have to say, Mr. Speaker.

CHAIRMAN SMITH: Thank you very much, Mr. Creighton. Do you want to answer a couple of these questions now and try to get them as long as we are on them? Let's take this three to eight months. Now, we had a conflict in those statutes. One statute said eight months and one said three months, so we either had to take the three up to the eight or bring the eight down to the three because we were in a state of confusion, so we brought the eight down to the three because it says not less than three. They can keep them in there two years if they want to. Now the question comes as to whether or not the institutions are letting them out too soon. That's the theory, isn't it, so if we . . .

MR. CREIGHTON: The institutions are doing a very good job, Mr. Smith. Some of them keep them in for a year. However, there are others that may be a little more overcrowded or only too glad to get rid of them to provide beds for more -- we may say more legitimate cases. I feel that a mental case, or an insane case is most certainly more entitled to a bed in a mental hygiene hospital than an alcoholic or a drug addict. I think that most of our enforcement officers will agree with me in that if not many doctors.

CHAIRMAN SMITH: That's quite a change from three to eight months. Let's hear from the medical side of that.

MR. CREIGHTON: I would like to hear from Dr. Wyers on that if I could.

DR. WYERS: This morning I believe I said that in most

instances little can be expected in a therapeutic program . . .

CHAIRMAN SMITH: Dr. Wyers, we can't hear you down here.

DR. WYERS: My voice doesn't carry too well. This morning I made the statement that you can't expect too much in the usual therapeutic program, three months, in treating the rank and file of drug addicts. It is my experience that you can't. Now when we were operating the narcotic hospital, which I was Assistant Superintendent of, we had the law of eight months to two years. I never did feel that that minimum period was too long -- there are cases where they haven't used drugs long. In the case of a young individual who has a better than average personality than we get in drug addicts, you might want to make an exception some times. That is not the general rule.

Now there are factors connected with the cases we get in our hospitals. A situation exists that Mr. Creighton has already mentioned which we shouldn't have to consider, I guess, in the treatment or handling of human beings and that is overcrowding of facilities and things of that nature. We might as well frankly admit, however, that those situations do come up as a practical thing. To me, you want to cure many addicts on the 90-day or three months treatment program as they are usually operated. Now if you are developing a new hospital and you want to give the administration of the hospital elasticity and ease of function and leave it in the hands of the administration of the hospital who are dealing directly with and putting on a program primarily for narcotic addicts, I don't know as it would be wise to impose upon them restrictions such as eight months to two years or eight months to 18 months or whatever you might want to put it. But, as the

situation is now in handling our cases, I will frankly admit that three months is not long enough to cure any great percentage of narcotic addicts. As a matter of fact, we couldn't expect but very few actual cures of the cases that we get.

I have often thought, and I might mention this since I am talking, that there should be a screening of narcotic addicts similar to what we have for the sexual psychopaths. I have seen so many narcotic addicts that are strictly not treatable. They are old, confirmed cases with personality disorders such as psychopathic personalities, inadequacies, and so forth, and environmental situations they were brought up under that makes treatment practically impossible. Those people will ruin a program regardless of how much effort you put in on it if you try to house those and keep those in a hospital, and I only mention this at this time if you are planning a new hospital. We should make certain safeguards or you won't have much of a treatment program. At the narcotic hospital back in 1928 when we opened that, there were no safeguards and we got all types of cases. I remember receiving some cases in their late 70's and 80's, maybe using narcotics 45, 50, 55 years in all forms and with veins all shot up, and you couldn't even give them a hypodermic because their veins were so scarred. They had been in prisons, Folsom included, for years. Now, those people are what you call prison wise, and so forth, and they laugh at a hospital setting and will spoil the program for the younger individuals in spite of everything you can do if you are not careful. So one of the important things in a treatment program is some screening and fixing it so you can isolate within your hospital.

But back again to the question. The 90 days is pretty

small for holding an addict in our hospitals.

CHAIRMAN SMITH: Well, do you let them all out in 90 days?

DR. WYERS: In our place, I am not prepared to say whether they all go out in 90 days or not, but with a staff, or a clinical conference, usually handled by the clinical director, if we are on limited admissions with the courts and have 35, 38, 40 per cent overcrowding and here's an individual that is off of narcotics but we have no way of knowing for sure whether he is cured or not -- I'll put it this way, and he is badly in need of bed space, and we are not even able to take the psychotics, the mentally ill, the tendency is to let him go, and I would venture to say that in most instances our narcotic addicts do go at the end of the 90 days.

CHAIRMAN SMITH: Do you recommend it be changed?

DR. WYERS: It's hard to say what is the most ideal, but so long as we had the law at eight months to two years and it was satisfactory, I would say that eight months to two years is perfectly all right with perhaps some way, by certification to the court or the director of Mental Hygiene certifying to the court for some special or for some good reason, we could let them go in less time than that. Maybe that provision should be provided, because it is not every case, 100 per cent, of course, that would have to have eight months.

CHAIRMAN SMITH: Well, it's going to be tough to pass a law and put a minimum of eight months and say that nevertheless if we get somebody we want out earlier we can do it. That's pretty rugged. I guess we better have five minutes here for the reporter.

Recess, five minutes.

CHAIRMAN SMITH: Now is there anybody else here from the

public who wishes to make any kind of a statement to us at this time? We want to be sure that the public has every opportunity so they don't leave tomorrow and say we wouldn't let them talk. If you do, let me know.

We are going back here to Mr. Creighton for a minute. He has a few more comments.

MR. CREIGHTON: One more thing, Mr. Chairman. Section 11166.12 of Division 10 of the Health and Safety Code should be rewritten. It still will conflict with the new Treasury Department Regulations No. 5 when they are released in that it contains the word "dihydrocodeinone", I so understand. It is confusing and ambiguous, and I hope to have that particular section rewritten by the Attorney General and presented to your committee for consideration. That is the one I wanted to mention.

CHAIRMAN SMITH: Okay. I will be happy if you will do that, Walter. During the recess we were talking about the question you brought up about one addict making other addicts. We thought maybe we might think between now and the time we adjourn tomorrow on some ideas of how we might get rid of this addict at the end of maybe a second conviction or a third conviction, or if he has had hospitalization, after one or two, we just don't continually have this addict that is in and out and then making other addicts. Give that some thought between now and tomorrow, and maybe a second or third time on an addict we might have some kind of a farm or something and get rid of them for five or ten years and then maybe they'll leave the State. I don't know. It's just a thought that some of us were talking about here, so I would appreciate your giving it some thought.

MR. CREIGHTON: There's a possibility of making it very undesirable in California for them, but, of course, that doesn't answer any national problem, but I do feel that serious consideration should be given to the addict -- that is, the penalty should be increased. Ninety days means nothing. They are in and out just the same as they are in and out of a mill.

CHAIRMAN SMITH: If we do it, maybe the other 47 states will do it, and then maybe they will all be locked up and we will stop the problem by the time my children . . .

MR. CREIGHTON: That was brought up by a former speaker. If we dry up the market, we are going to stop the peddlers. There's no doubt about that. If we could put every addict in the United States today in isolation, there would be no market for illicit narcotic drugs.

CHAIRMAN SMITH: How many do you think there are?

MR. CREIGHTON: Well, I have heard Mr. Anslinger say there were, outside of the City of New York, he always qualifies his answer by saying that, there were, I believe, 50,000. Am I near right on that?

MR. GENTRY: I believe so. 60,000. Estimated one in 3,000 population.

MR. CREIGHTON: One in every three thousand.

CHAIRMAN SMITH: It would take a lot of institutions and a lot of taxpayers, wouldn't it?

MR. CREIGHTON: A self-supporting farm might answer the question. I was talking to one of the newspaper men earlier today and one of them said that when I mentioned my thoughts along that line, isolation -- an island, particularly, as Japan used the

Island of Formosa many years ago, and they answered their problem in the same way, isolation of the colony on the Island of Formosa. However, they did give them all the drug that was necessary to keep them comfortable. I think after the drug is once withdrawn they do not need to supply any more drug. However, one of the newspaper men suggested Catalina Island would be an ideal spot! He's gone now. I'm sorry he wasn't here to hear that!

CHAIRMAN SMITH: Of course, we will keep all the conveniences going over there all the time, I assume, the pavilion and everything. All right, Judge Fricke.

JUDGE FRICKE: I am going to try and cover some of the questions that have been asked along with some ideas I have. With reference to, and I have already called the representative of the Legislative Counsel's attention to it, we do not sentence to a hospital, nor do we sentence a man to the county jail with the condition of probation. It should be commit. That little phraseology I think will be taken care of. As to the subject of statistics, I think these statistics on this subject are terrifically misleading.

Now, you classify, for example, so many cases of possession. Actually those fellows may be peddlers. Another thing, a fair percentage of our cases involving thefts can be directly traced to the fact that the individual is a narcotic user. The average person using heroin has to use somewhere between \$15 and \$30 worth of heroin a day. The man who can earn that much money over and above living expenses is a pretty rare individual so he has to supply the difference between his actual earnings and what his drug and living is costing him by some form of theft. So when we get to this question of penalty we are tackling, frankly, gentlemen the

most difficult problem in criminology that I know of. Trying a lawsuit, a criminal case, is duck soup compared with the problem a judge has in imposing penalties. It is so easy to run into general classifications and say that all persons who commit highway robbery should go to the penitentiary, all persons who commit burglary ought to go to the penitentiary, all persons who sell narcotics ought to go to the penitentiary. If we have in mind the deliberate violator of the law who is making a business of it, we are probably right, but we have to remember there are cases that fall into a particular category, as for example selling, which are just one isolated instance under the most mitigating circumstances. We had a case here not too many months ago in which a young fellow, he was going to one of the universities, past 21, just as a matter of curiosity acquired a couple of marijuana cigarettes and one of the other fellows would like to have one so he sold him one for 50¢. Well, of course he was selling narcotics, he was guilty of it and I doubt whether we would have sent him to the penitentiary, or whether we would want to. The proposition of your addicts becomes very serious when we go back to an old police expression that every addict is a potential peddler; there may be some exceptions but basically your addict if he needs money isn't going to refrain from selling narcotics; we have known of cases where a man had a supply of narcotics enough for a couple of days, he had a chance to sell some at a profit and he sold it. We have known of cases in which a man would sell his hypodermic needle for the purpose of buying more narcotics. They just absolutely lose all moral sense and I think, as was estimated a little earlier, if we find an addict and he has been given an opportunity to be cured and he

goes back to it I think that he should be isolated and quarantined and kept away if we have to for the rest of his natural life because of the damage he can do if he is left at large.

Now, as to this question of penalties, we have a good deal of historical data to go on which would indicated that excessive penalties do not stop crime. We lawyers know that in England at one time there were 124 crimes carrying with them the death penalty; they found out it didn't stop those crimes, and we run into some very interesting situations, for example, the theft of more than 20 shillings was punishable by the death penalty; well, a guy would steal 40 shillings and a jury would find him guilty but find that he only stole 19. Now as a matter of law we instruct the jury that they are not to consider the question of penalty because that is a matter for the court and other governmental agencies and they must not consider it in connection with the question of guilty or not guilty at all. You can instruct the jury that way until you are blue in the face and they will go upstairs and discuss penalty. I tried a murder case here about 2 months ago, on the second ballot every one of the 12 jurors voted guilty of murder in the first degree. We never got a verdict because one of the jurors wouldn't vote on penalty. There were 11 for the death penalty so you can imagine it was a pretty serious case, the remaining juror wouldn't vote one way or the other so the case had to be gone over again. Now, as to the death penalty, I had one case that taught me quite a lesson on death penalties. The jury returned a verdict with the death penalty, a couple of days later one of the jurors came in and said "I think you ought to know something, the reason we voted the death penalty was this: we talked it over in the jury room

and we figured that since the person who is convicted of first degree murder if he gets life imprisonment only serves 11 or 12 years that wasn't enough, so we decided to give this defendant the death penalty and then the Governor would commute it to life imprisonment and this party would have to serve a substantial period of time. Now, juries will do that sort of thing, they will back off. In New York when they adopted the Habitual Criminal Law, juries would acquit people because they felt the habitual criminal sentence would result from the verdict of guilty. Juries are penalty conscious. Now, lawyers get up and say "reasonable doubt, don't convict them if you have reasonable doubt", District Attorney says "prove guilty beyond a reasonable doubt", but when you get right down to brass tacks the jury decides whether the fellow ought to be punished or not - if he thinks he ought to be punished why the way to punish him of course is to convict him. If they think he ought not to be punished, he may still be guilty but the jury is not going to be an unanimous jury of 12 voting guilty. I think if you voted in the death penalty for one of these narcotic offenses you would run into situations in which we would lose cases which we ought to win; the jury wouldn't distinguish, they might take a possession case - some juror would say "I understand there is a death penalty for narcotics" and immediately somebody won't vote for it and so far as questioning the jurors in advance whether they are in favor of the death penalty or against it, you get 12 jurors who say they are not opposed to the death penalty, they will probably get in the jury room and one fellow will say "I vote 'guilty' but I would never vote for the death penalty". They get cold feet.

Now I want to talk something about probation. I was very

happy when the Legislature reinstated probation and I want to add as a corollary to that that I have been known as the tough boy on narcotic cases, you would have a great deal of difficulty finding a narcotic peddler who didn't go to the penitentiary. But we do have cases of violations of the narcotic law which do not merit a penitentiary sentence. Now the only remaining alternative if I want to sentence the individual is to sentence at the county jail and under Section 19A of the Penal Code the most I can sentence him to is one year and he gets two months off for good behavior, so he serves 10 months. Let's try the probation law - we will say it is a case of possession of narcotics; I can put that same fellow on probation for 5 years, I can put him in the county jail not only for one year, but for 2 years or 3 years or 4 years as a condition of probation. In addition, I can add conditions of probation that are just going to sew that fellow up in beautiful shape. I can provide first that he is not to have any narcotics in his possession, that he is not to knowingly associate with any persons having possession or using narcotics, and he is not to frequent any place where narcotics are kept, used, sold or dispensed. In other words, I can tie him up so if he violates probation even though we don't catch him again on a violation of a particular law, we get him on violation of probation and I can bring him back and I still have the power to sentence him to the penitentiary. I might say in other probation cases, supposing somebody commits a burglary - you are home, \$350 worth of property is stolen; if I send the fellow to the penitentiary you have the satisfaction of making good your \$350 loss, if I put him on probation I can keep him on probation for about as long a time as he would serve in the penitentiary for

that particular burglary and I can make him to the best of his ability make good your loss.

With reference to the mandatory 90 day sentence, I think most of our judges here figure that unless the case is extremely one of mitigating circumstances, even the mere possession of narcotics is going to give the fellow at least 90 days. In other words, the transition from the time when we couldn't grant probation and we had to give a minimum of at least 90 days, to the period where we can give probation - instead of just giving them 90 days now, we can give them probation and 90 days.

I have noticed one thing, and that is leading up to another subject, and that is it is just about twice as easy to convict a defendant if the narcotic is heroin as if it's marijuana and I attribute that, so far as I am personally concerned, to the fact that the juries have been more or less indoctrinated and educated by the publicity in the newspapers and magazines as to heroin, but as to marijuana I think a lot of them don't know the difference between a marijuana cigarette and a cubeb cigarette - it is just some kind of a cigarette you shouldn't smoke when as a matter of fact it may be very vicious. I have known cases of marijuana smokers who under the influence of the drug became so you might say virtually maniacal as to commit murders. I think there should be more education, and I am not satisfied with the education in the public schools. Up to about 2½ years or so ago, although there was a state law requiring the subject of narcotics be taught along with the use of alcohol and teachers were required to show a proficiency in order to get their certificates, very little was done. I think if the young people going to school, and the parents, understood narcotics as those of us who have worked with it for

years know, they would be on their guard, they would recognize the symptoms - little Johnny suddenly makes extra demands for money, he sells his favorite bicycle or his favorite radio set, money disappears from the house, that is pretty strong grounds to believe that Sonny has got the narcotic habit and is acquiring this property and selling it to get more narcotics. We even had a fellow here about a year ago living out in the El Monte area who sold the family cookstove he got so hard up for it, the family woke up one day and found it didn't have a cookstove.

Some remark was made a little while ago with regard to addiction resulting from medical treatment. I have heard that old chestnut so often that it has worn threadbare with me. I don't believe it when a fellow gets up and tells me that he was treated by some doctor and as a result of it he became a narcotic addict. If a person is suffering a certain pain and the doctor properly administers morphine to him, the morphine will balance that pain but will not make a narcotic addict out of him. The doctors today are extremely careful not to give any overdoses. I haven't found a legitimate case in 10 years of any person who has become addicted as a result of medical treatment. I think that ought to be cleared up.

The solution of keeping drugs out of circulation would be beautiful but it would be about 10 or 100 times as difficult as it was to keep liquor out of circulation during prohibition. An ounce of heroin is $437\frac{1}{2}$ grains, it is just a little bit of a package - to get some sort of an idea, your ordinary aspirin tablet is 5 grains, just figure out how easy it would be to carry an ounce of that stuff around and I couldn't help thinking when the man from

the Sheriff's office was talking, about an article in the Saturday Evening Post in which they mention something about 250,000 wetbacks that crossed the Rio Grande into the United States. 250,000 men can cross the Rio Grande and get into the United States and they are not apprehended until some time after they are here, and each one of those could carry an ounce of morphine. I don't think you are going to be able to stop it unless as has been suggested, the other nations will themselves do all in their power to stop the manufacture and export of heroin. Now, something was mentioned about Mexico and there was some criticism made that Mexico was not doing anything to stop it and they were sort of shutting their eyes to it. That has been pretty carefully checked and I think it is unwarranted. I rather disagree with my friend from the Treasury about the first addicts being in California. I don't know how far back he goes but I was in New York in 1900 and we had narcotic addiction there at that time and quite largely cocaine.

Now we get to this very controversial subject of striking priors. A man will be charged with possession of narcotics and a prior conviction of violating the narcotic law. The judge grants a motion to strike that prior. On the face of it it looks all wrong, but we have to inquire why. Supposing that the last offense for which the man is being prosecuted is one little marijuana roach. I don't think any judge would want to send a man to the penitentiary for smoking one marijuana roach. Again, we have other situations. We have cases that are inherently weak. If the man figured that he would have to go to the penitentiary if convicted, he will stand pat on his plea of not guilty to go to trial and you either get a disagreement or an acquittal and it is far better to get a con-

viction on the theory of it being his first offense or put it the other way of disregarding the prior than to get the fellow loose at all. Again, we have other situations which account for it. In order to make buys from pushers and peddlers of narcotics, the time is gone when officers can as readily as they did years ago make the buys themselves. They are still doing it, of course it was comparatively simple years ago, but these fellows have gotten to be pretty wise so we have to use an intermediary, you may have to use a man who has to be prosecuted. Now, very frequently we will give a man a break because he has helped get us a good peddler - a good deal like cutting up a small fish for bait so you can get your bigger one. Very frankly, I have on a number of occasions stricken priors because I have felt that justice could be better administered that way.

I am rather surprised at those figures on opium because opium is very little of a problem here. I think I have had not more than one opium case in a year and a half. Years ago, take 25 years ago, we picked them fairly regularly under the old poison act, the old Chinese were smoking opium, they never could be cured of it and most of the solutions at that time was if the old guy would go back to China and shake the dust of California off of his shoes we wouldn't bother too much about him.

The statute referring to the penalty as one year in the county jail and the next jump 5 years in prison, I think in some cases has worked exactly as my friend has stated it, the Judge feeling that 5 years is too severe will give a county jail sentence whereas if there were say a 2 year minimum, that person would go to prison. In other words the Judge has to use his own conscience

and can't conscientiously send a man to prison for an exhorbitant period of time, taking into consideration the particular case involved.

Somebody mentioned the idea of having some sort of a place where the addicts could go and get narcotics. I have seen that in the press a number of times. In other words, if there were a place where a man could go, a clinic or something, and buy his narcotic at a fair market price it would put the peddler out of business. Well, we have tried that here in Los Angeles and it didn't work at all. In the first place, we found out that Mr. John D. Addict would go to three or four clinics and get his supply from each one of them, that would give him a surplus and so he went into the business and started selling it. You talk with an addict and he says "I am using 8 grains a day", that fellow could get along on 6 or 7, but he would be more likely to tell the man down in the clinic that he was regularly using 10 so that he would have a little surplus. In regard to the hospital situation also, in Spadra we have run into an interesting situation. You would imagine that all the people that voluntarily commit themselves to Spadra were very sincere and wanted to be cured of the narcotic habit. Not so, we found a substantial number of them who had themselves committed, their minds working something like this, "I am now using 8 grains of morphine a day, if I can get cured and get that yen out of my system then I can get all the satisfaction I want out of 1 grain". So he went out to Spadra, got off the drug, came back and started out on 1 grain, but he was an 8 grain a day man so inside of a short time he was back on 8 grains. Another thing that Spadra found was, and I am speaking frankly, that some of the

judges were entirely too free in sending certain types of cases to Spadra which caused an overcrowding.

I think that covers the things unless there are some questions.

MR. CREIGHTON: Judge, Fricke, you made reference to priors being dismissed by the courts and I think that Mr. Gentry's thought on priors was that in some of the counties the district attorneys were not filing the priors, that was his point.

JUDGE FRICKE: We have a difficulty there. We even have a difficulty of that sort in Los Angeles. If the man has a local prior, either registered in the sheriff's office or the Police Department finger print files, and those files are very, very complete, it is very easy to catch them, but supposing the fellow had his prior in Texas or Arizona, we may not get that prior, we miss them every once in a while. I have had cases, not only marijuana and narcotic cases but cases of other kinds where we didn't find out about a man's prior conviction of a felony until we got the probation report in, and in the smaller counties their facilities for securing prior conviction records is not nearly as good as we have here. Of course they can send to Washington D.C. and get it, but there seems to be some difficulties even along that line. Of course, it may be that some district attorneys are not making the effort, I don't know.

CHAIRMAN SMITH: Judge, you brought out three questions here at least that I would like to see if we could get a consensus of opinion around here one way or another - incidentally I would like to interrupt that Assemblyman Pat McGee of the Judiciary Committee interested in this problem just came in. Pat, welcome,

come up and sit down if you want to or whatever makes yourself happy.

On the death penalty, now is there anybody here in this group that feels that we should offer a statute, a change in the law, next time to advocate the death penalty for the narcotics, because if such bills are introduced I intend to say who was here and that we were opposed to that at this time unless somebody tells me otherwise.

MR. CREIGHTON: There was a time when I felt that the death penalty should be written into the act as a deterrent measure; however, seeing the reactions of the juries in the last few years, I would definitely oppose at this time any thoughts that I might have had at the time that I mentioned that I would be in accord with that. I think it would be a deterrent factor to convictions on a jury level.

JUDGE FRICKE: But it wouldn't deter the man who made up his mind that he was going to go in the business of selling narcotics because all these fellows don't figure what the penalty is going to be, they figure they are so smart they will never get caught and won't serve any penalty.

CHAIRMAN SMITH: Is there anybody that disagrees with my statement on it? I would assume that all of us would feel that if the death penalty were going to stop this narcotics and it would work out, we would all be for it if we could foresee that that would be the solution.

MR. CREIGHTON: But I do believe if we had it in there we would get less convictions than we are getting now -- we are not getting too many.

CHAIRMAN SMITH: Now the next thing which really will come up I suppose possibly tomorrow, however if I remember reading the Citizens Advisory Committee Report, I think one of the conclusions you drew in there was that we should not have dope stations, is that correct?

MR. CREIGHTON: That is correct.

CHAIRMAN SMITH: All right then it won't come up because it is out of your bill. Now, is there anybody in our group here that feels that we should set up stations where addicts can obtain dope? If you do, speak up now because we are going to have a session next year and I don't want you to cross me. All right, we all agree that we shouldn't try that.

Now, the next one was on 11713 on this penalty of the one year in the county jail and the 5 years to life on the first. Now, that is a really tough one you have thrown to the committee on that.

JUDGE FRICKE: If the man goes to the penitentiary you still have that maximum penalty there. I don't believe there has ever been a more severe critic of the old board of prison directors, the old parole board, and even for a time the Adult Authority, than myself, but I want to say sincerely that our present Adult Authority is doing a fine job and I wouldn't worry in the slightest but what they will see that the fellow who goes up there under that section gets all he has coming to him.

CHAIRMAN SMITH: I certainly agree with your statement on the Adult Authority, but I think we ought to clarify this.

JUDGE FRICKE: But I do know this, there was a time when we couldn't grant probation for certain offenses, those offenses would provide a county jail or state prison, and I have,

and I know other judges feeling that the state prison sentence was too severe, gave the fellow the county jail sentence. We would have liked to have placed the fellow on probation, but not being able to do that we would not send him to the penitentiary. I think there should not be too wide a discrepancy between the year in the county jail and the minimum period of time in the penitentiary.

CHAIRMAN SMITH: Well, now up until 1953 the penalty was 1 to 6 years until it came into effect in September of last year, so at that time we changed it from 1 to 6, we changed it for not more than 15, raised the maximum by 9 years - 1 to 15.

JUDGE FRICKE: I don't mind how big you make the maximum, I like the idea of bumping that maximum from 6 years.

CHAIRMAN SMITH: And then this year at the Special Session, the argument presented was that 1 to 15 was not sufficient, whereupon after due consideration and request we changed it on the first from 5 years. Now, there is a gap there, but I don't think it is fair to the Legislature now in the position we have been in of changing it in '53 and then in '54 to ask us to go up there next year with the problem as great as it is and ask us to change that down again. How are you going to explain that?

MR. CREIGHTON: Not change it down, Mr. Smith. We could take out the county jail out of there completely.

CHAIRMAN SMITH: No, you can't do that.

JUDGE FRICKE: I would dislike to see that very much because no matter what crime you commit there are cases which are of little aggravation in which a county jail sentence would be ample. You may have a case of selling narcotics, transporting narcotics, which does not merit a state prison sentence and you are going to

run into a situation - I can even see a conscientious judge dismissing the case rather than send the man to prison because he thought it would be outrageously unjust.

CHAIRMAN SMITH: Well, I not only think that but I think we might have more people placed on probation without the supervision where they could come back into the penitentiary, I think some judges throughout maybe the smaller counties might feel if the county jail were taken out entirely the only thing they could do would be either place them on probation or send them to the penitentiary so we are going to find them all on probation. Let's go down to Mr. Lester for a minute and I don't think that 5 years makes a bit of difference, when you get down to it I don't think it makes a lot of difference whether it is 2 or whether it is 5 from the standpoint of time served, does it?

MR. LESTER: We haven't had the experience of dealing with persons coming to states prison under the statutes as they were amended in 1953, and as they were amended in 1954. I do have an opinion on this particular problem, I feel that if the jury knew that 5 years, a 5 year minimum prison sentence, means that he could if the Adult Authority felt like giving him his barest minimum, he could be released under supervision after 20 months of incarceration, then I believe that they wouldn't hesitate to go ahead and convict and send him up there, because there is not much difference between a year in the county jail and 20 months in states prison, but it seems like a lot when you just say one year in the county jail or 5 years in states prison as the minimum. Is there no way in the court procedure, or proceeding, whereby that information might be given to the jury?

JUDGE FRICKE: That is the difficulty Mr. Lester, we are prohibited from considering the question of penalty except in those cases in which the jury has the duty of fixing the penalty; in fact, we are required to instruct the jury that in arriving at their verdict as to guilty or not guilty, they should not consider the subject of penalty at all because that is a matter for the court and other governmental agencies, meaning the Authority.

MR. LESTER: I might say this, it is a fairly rare case where the minimum sentence is given by the Adult Authority. We have no quarrel with the sentences as they presently are. On the other hand, it wouldn't make any difference to us if it were not less than one year to life. In other words, if it were one to life they would still get approximately the same treatment from our point of view because what we are striving to do all the time is to determine the length of time that seems necessary to bring about the maximum potentiality for adjustment back into the community, and then an adequate period of time to test this person in the laboratory of community living which is the only way you can tell really. I think several persons here today have said there is no absolute sure way of knowing when a person is cured, and if he is cured we don't know under what circumstances he might relapse. Taking a lot of adverse emotional problems, a lot of adverse environmental factors, and maybe a person who otherwise might be permanently cured would again relapse under those circumstances so we do feel that the only way that we can test the progress of these persons, insofar as a cure is concerned, is a period of supervision on the outside, and we have at the present time several experiments going in a small way to determine whether or not, through these pilot studies, we

will be getting better results by the different techniques of treatment. In the institutional setting there is an experiment now going on at the medical facility at Terminal Island where a group of narcotic addicts are being given group psychotherapy, pointing up to this problem of addiction and all of the associated difficulties that these persons are subjected to. We have found by just putting an addict or more than one addict into a group at the institution where the orientation is not on narcotic addiction, that it has very little if any effect upon helping the person to emotional maturity in social adjustment. We are experimenting also in the parole field by reduced case loads and intensive counseling service for a specific group of narcotic addicts and that seems to offer considerable promise. We have also a group, a psycho-therapy group, in the out-patient parole clinic here in Los Angeles being treated again according to the problem of narcotic addiction and all of the associated difficulties, and we believe if we keep on experimenting and discarding those things which do not seem to prove helpful that maybe we will find techniques that will give us better results certainly than we have had in the past. On the other hand, the narcotic addict, or narcotic case I should say, because all of the narcotic addicts are not included, many of them having been sent up for robbery or forgery or burglary and the like, but the persons sent up on narcotic charges have proven a little better than average for parole success on the outside.

CHAIRMAN SMITH: Thanks, Mr. Lester. Our District Attorney, Ernest Roll, is here. Ernie we have been going around the room all day wrestling these serious problems. Do you have something you want to present to the committee or are you going to

be with us tomorrow?

MR. ROLL: I don't know what has proceeded me. I have had some correspondence with your committee and at your request I furnished you and each one of the judges of the superior court of Los Angeles County a narcotic survey giving an evaluation of narcotic prosecutions conducted by the district attorneys office of Los Angeles County from January 1 to June 30, 1954. I think you have a copy of that in your files and it gives the total number of cases prosecuted for that period and compares with a like 6 months for the previous year. Insofar as any recommendations that I might have to make with regard to changes in legislation, I made this one particular recommendation last year, you recall I went along with the recommendation of the State District Attorneys Association and State Peace Officers on the legislative standpoint that was adopted by the Legislature and it was unanimous. I only dissented in one situation, and I will still voice my opinion in connection with that. I recommend that the penalty of the seller of habit forming narcotics for profit on the first offense be sentenced 10 years to life, and that a repetition be mandatory life imprisonment. Now, my purpose in that is simply this: I use the term habit forming because we know the most serious narcotic drugs are habit forming and I have used the term for profit to get at the true peddler, that is one recommendation. And with reference to persons under the age of 21, there has been considerable discussion I know among your committee and among people that are interested in this problem and there possibly might be a change and I recommend this to the committee for its consideration that so far as a penalty for an adult selling, and I use the term adult as someone over 21, selling, adminis-

tering or giving habit forming narcotics to any person under the age of 21, for the first offense 15 to life and a repetition of that offense mandatory life imprisonment. Now, those are the only two recommendations that I have to make. I think the existing laws on the statute books in the State of California in the main are very workable and I think that the report at least from the 6 months I have turned in indicates that the confidence imposed in the superior court judges, and I speak now only for Los Angeles County, has shown that they should have the right in the instances which the Legislature has given it back to them to grant probation in proper cases, particularly of possession where it is a person that possibly is a user. I think that the courts should maintain that right. Other than those recommendations, I have none.

CHAIRMAN SMITH: On this chart, I wonder if it might not be well to have a little explanation by you of the chart, it will be in the report. The question was presented by one of the individuals in attendance here and I think was somewhat answered by Judge Fricke, but subsequent to the 1953 changes when and as if they came into effect on the prosecution of those individuals, it is mandatory to plead a prior of another state, federal, or this state. In looking through the chart here, let us start on the first one, possession of marijuana cases, where it says that cases with prior, that's the first page of it, it shows there 51 cases with prior and then two columns over, state prison sentences, 23. The question was raised were the priors being proved, were they being pleaded, or were they being disregarded, why is the discrepancy there between that. Now, we have had two or three suggestions here that some of the cases might be pending, some that there might be reason

to have dismissed the prior - will you explain your position, are you pleading the priors on those where you are able to find them, and are they going to the penitentiary or what is the situation?

MR. ROLL: We are pleading all the priors, that is correct.

CHAIRMAN SMITH: Why would there be the difference there on that, on cases with priors 51 and state prison sentences 23?

MR. ROLL: Maybe I am a little thick, but I don't get the point.

JUDGE FRICKE: I think I can answer that Mr. Smith. I think that is due to those cases in which, first, the case is so weak that there is little probability of conviction but the defendant will plead if you will drop the prior. Cases in which the offense is of such a minor character that the penitentiary sentence should not be imposed in which event the court sometimes of its own motion dismisses a prior without even consulting the district attorney.

MR. ROLL: I will say this frankly, we look at these things from a practical standpoint and if we have a man charged with possession of marijuana, he has one cigarette, no previous connection with it, he may have a prior conviction, that man shouldn't go to San Quentin, he shouldn't go to state prison - you have to be practical, we have enough people in jail.

JUDGE FRICKE: I might add for the information for some who are not aware of it, the district attorney himself does not have any power to dismiss or drop a prior, any time it's dropped the judge has to put the okeh on it.

CHAIRMAN SMITH: The question the way I understand it,

correct me if I am wrong on that, Mr. Gentry, was that we would place that into the statute when we gave the probation back so that if a person had a prior of any kind, the man was arrested here whether its first possession, he had a prior of even violating something else, selling heroin at prior possession, federal, state, or otherwise, they would be pleaded and that man would have to go to the penitentiary on conviction. Now, we want to be certain that we are correct in stating that we haven't found any instances where the courts are violating the probation, that the laws are working relatively well and I think that was one of the main reasons why the question was raised to see if the law is working in that regard.

MR. ROLL: If actually your committee is interested in this, I can go into a further breakdown which I have on each one of the cases, it takes considerable time to go in and make this up.

CHAIRMAN SMITH: I know, it's tremendous.

MR. ROLL: I have a file on each case by name, I even have the name of the judge that handled it and we can go into each one of those cases and give you in every instance the reason why it occurred. We keep a complete file and there is also a file in the superior court on the thing.

CHAIRMAN SMITH: I was thinking that some of them like, take your possession, go over a couple of pages of possession there where we show 137 with priors, 95 to state prison, then if we go down to pending cases we have 47 pending, now if part of those 47 pending cases are in the total of 137 then we would have 132 or thereabouts if that has anything to do with it.

MR. ROLL: We also run into this situation from a practical standpoint, quite often we get the FBI make-back, send

for the prior so that we can prove it and actually when you get the prior it is not a provable prior. I should say probably one out of 5 is that way.

JUDGE FRICKE: Yes, very frequently the district attorney will plead a prior based upon the record that was received from some foreign jurisdiction or from the FBI records and be unable to prove it.

CHAIRMAN SMITH: You don't always have the disposition either on the make sheet.

MR. ROLL: No, and as you know to actually prove a prior in court, if they deny the prior we have to get the certified and authenticated copy from the state in which the prior conviction was suffered, then when we get it back by looking at the prior quite often we can see that possibly the man was handled as a juvenile, possibly it was in the nature of an offense that under the laws of the State of California would not be considered a prior, and as a result even though we may submit proof the court will very properly say that the prior is not true. Is that correct, Judge?

JUDGE FRICKE: Absolutely.

MR. ROLL: There is one other thing that I might call to the attention of the committee and I don't know whether it has been done from a state-wide standpoint but I think the people from the law enforcement agencies such as the State Division of Narcotics, the Los Angeles Police Department, the Sheriff's office and the very small narcotic bureau we maintain in the District Attorney's office appreciate this method that we have devised and it has been quite helpful in attacking the problem from an overall standpoint, and that is when the agencies that are engaged in this type of

enforcement go out and work for a period of 2 or 3 months and can accumulate through making purchases and investigation possibly 30 to 40 suspects and then those individuals who are working on that come in front of the grand jury and testify, making a mass arrest of some, some can not be apprehended, that it has been a very effective way in my opinion of handling the situation. We have done that on several occasions this year and by use of the grand jury and with the cooperation of the various narcotic agencies and the officers working under cover, we had returned by the grand jury 122 indictments and the results are that 105 of the indicted have been tried and sentenced and the remaining 17 are pending, 53 were given state prison sentences, 13 sent to the county jail to serve a year, 1 sentenced to 6 months in the county jail, 17 received sentences ranging 3 to 5 years with probation the first 3 months to 1 year to be served in the county jail. I think that has been a very effective method in attacking the problem from the standpoint of legal technicalities.

CHAIRMAN SMITH: Have you had a case and used 11501 of the Health and Safety Code where a person solicits, induces, encourages, intimidates a minor to violate any of the laws, has that been used as yet?

MR. ROLL: No, not too much. We have used not that particular section but we did have one case where a lad, I think he was about 17, was picked up in this county taken to Orange County and given a shot of heroin - he had been a user and within 15 minutes after he was given a shot of heroin he became unconscious and they tried to revive him, they put him in an automobile, drove him along the Beach Highway, brought him back into

Los Angeles County and left him out-at his home and he died within a short time thereafter. There were two young men that picked this lad up. So far as the individual that actually injected the narcotics into him, we had to use the other man who was along with him and for all purposes give him immunity, although we possibly could have prosecuted him, to get the second man, he was convicted of manslaughter and sent to a state prison for doing that.

CHAIRMAN SMITH: Thank you. Well, we are going to go on tomorrow, and I hope you will find time to get over here with us - go into hospitals, etc.

If it is all right with all you gentlemen, I think we will adjourn until 10:00 o'clock tomorrow.

COPY

EXHIBIT I

CHAMBERS OF

THE SUPERIOR COURT

LOS ANGELES 12, CALIFORNIA

HAROLD W. SCHWEITZER, JUDGE

October 1, 1954

Honorable H. Allen Smith
Member of Assembly
400 Security Title Insurance Bldg.
530 West Sixth Street
Los Angeles 14, California

Dear Allen:

I regret that I will be unable to attend the meeting of the Assembly Subcommittee on Narcotics in the State Building in Los Angeles on October 14th and 15th. Judge Fricke, who as you know is probably the most informed and qualified person in California on the subject, has advised me that he will be present, and I concur in his proposed comments and recommendations.

However, there are two points that I wish to briefly comment upon.

(1) Mandatory penalties. Such penalties interfere with the exercise of sound judicial discretion, and in some instances, if imposed, result in a gross miscarriage of justice. For example, the young offender, convicted for the second time of possessing one marijuana cigarette, must be sentenced to the state penitentiary. Another illustration, the person whose prior conviction of a narcotics offense was many years ago, must be sentenced to the state prison, regardless of the triviality of each offense.

(2) Juvenile offenders. At a recent meeting of the Youth Authority in my courtroom, members thereof stated that they preferred not to receive juvenile addicts because of inadequate treatment facilities and because of the detrimental effect that the addict has on other juvenile offenders. Provision must be made for the correction of this situation.

Again I say that I regret that I will be unable to be at your meeting, and with best personal regards, I remain

Sincerely yours,

(Signed) Harold

Harold W. Schweitzer
Judge of the Criminal
Master Calendar Department

HWS:gm

COPY

EXHIBIT II

C O U N T Y O F L O S A N G E L E S

OFFICE OF THE SHERIFF

HALL OF JUSTICE

LOS ANGELES 12, CALIFORNIA

September 28, 1954

Honorable H. Allen Smith
c/o Assembly Sub-Committee on Narcotics
530 West Sixth Street
Los Angeles 14, California

Dear Sir:

This will acknowledge receipt of your letter of September 2, 1954, with reference to the considerations pending before your Sub-Committee on Narcotics on October 14th and 15th. May I thank you for your kind invitation to participate in these discussions and assure you that I will make every effort to attend. However, if circumstances will not permit my being present, my department will be represented by Captain K. E. Irving of my Narcotic Detail for the purpose of cooperating with you and in support of your efforts. I assure you that the facilities of my department are available to you for any purpose which will assist law enforcement in the control of the narcotic problem.

Narcotic activity is a characteristically metropolitan problem, and since Los Angeles County is fast becoming a highly condensed metropolitan area, I feel that I am obliged to urge immediate remedial measures, as well as long-range planning directed toward the containment and eventual elimination of this contagious problem.

Narcotic violations are "crimes of the present," in that narcotic violations are not reported as they occur, as is the case with such crimes as burglary, robbery, theft, assault, etc. The extent of narcotic law violations therefore never becomes a matter of measurable record and a narcotic violation becomes a law enforcement statistic only when the violator is arrested. Since criminal activity has been measured traditionally in terms of the statistics of crimes reported to law enforcement, it becomes obvious that we cannot define, or approximate, the problem confronting us today.

However, as an indication of a trend which appears to have developed, I submit the following data which will indicate a dangerously progressive growth of the narcotic problem in Los Angeles County:

LOS ANGELES COUNTY JAIL BOOKINGS FOR NARCOTIC VIOLATIONS

<u>Fiscal Year</u>	<u>Total Narcotic Bookings</u>	<u>Percent of Total Bookings</u>	<u>Fiscal Year</u>	<u>Total Narcotic Bookings</u>	<u>Percent of Total Bookings</u>
1944-45	586	2.3	1949-50	2453	5.8
1945-46	931	3.5	1950-51	2692	6.8
1946-47	1633	4.5	1951-52	2692	6.7
1947-48	2058	5.2	1952-53	3290	7.4
1948-49	2338	5.7	1953-54	3688	7.5

It is also significant that Los Angeles County Jail bookings for narcotic violations have been second in number to bookings for burglary, of all Penal Code violations, for the last four fiscal years.

With reference to the legislative proposals referred to in your letter, permit me to make the following observations:

INCREASED PENALTIES FOR USE OF MINORS IN NARCOTIC TRANSACTIONS

I feel that to adopt the life sentence for the first offense and the death penalty for the second offense of this type would serve to defeat the purpose of the legislation. Experience indicates that the juries are prone to look for a way out when the defendant develops the inference that the punishment does not fit the crime, with the result that defendants are acquitted who would have been found guilty had the penalty been less severe.

NARCOTIC FACILITIES UNDER DEPARTMENT OF MENTAL HYGIENE

I feel that we must come to realize that the mere incarceration of the narcotic user for the term prescribed in Section 11721 of the Health & Safety Code is not correcting the condition which causes or permits the narcotic user to return to narcotics after his release. It is strongly indicated that the addict has eliminated his physical dependence on narcotics after a period of separation from it within a period of from three to six months. However, the elimination of the physical need appears to be only the preliminary phase of the overall treatment program.

It is quite apparent that there is a definite need for psychiatric, medical and sociological conditioning before a narcotic user is a proper risk to be returned to society with the reasonable expectancy of again becoming a lawfully productive, self-supporting individual. I feel that there is a very fundamental need for this type of treatment, and that the custodial institutionalization under the Department of Mental Health would provide a most comprehensive approach.

Sept. 28, 1954

CHANGE IN DEFINITION OF THE SEXUAL PSYCHOPATH

I feel that the expression "sexual psychopath" more appropriately fits the description of this type of individual than the proposed terminology "mentally abnormal sex offenders." While this is primarily a problem of semantics, I believe that the former expression more appropriately describes an individual of this type.

The procedures for handling these individuals at the present time have been crystalized, and to my knowledge have presented no particular problem, and it is suggested that to overhaul the established procedures leads to a degree of confusion and uncertainties until the new procedures are themselves crystalized. I do not see any advantage to be gained by changing the present procedure.

With reference to Chapter 4.5, Section 5600, of the proposed legislation: The sexual psychopath, or mentally abnormal sex deviate, is limited to a male person. I feel that it is quite possible that a female could also become a sex psychopath, or mentally abnormal sex deviate, and to limit this section to the male unnecessarily limits the scope of the legislation.

Please be assured of my desire to make the facilities of my department available to you at all times, and be assured of my personal desire to cooperate with you.

Sincerely,

(Signed) E. W. Biscailuz

EWB:hd

SHERIFF

COPY

EXHIBIT III

J. F. COAKLEY
District Attorney

Office Of
DISTRICT ATTORNEY
Alameda County
Court House
Oakland 7, California
Highgate 4-0507

R. ROBERT HUNTER
Chief Assistant

October 6, 1954

Assemblyman H. Allen Smith
400 Security Title Insurance Building
530 West Sixth Street
Los Angeles 14, California

Dear Allen:

Just a note to say that I will be unable to attend the meeting of your Subcommittee on Narcotics in Los Angeles and that right now I have no ideas or proposals with respect to amendment of narcotic laws, other than I have already several times stated in previous conferences and meetings of your committee.

If you are going to be up this way or if your committee is going to meet in Northern California I wish you would let me know and I will make every effort to attend. I am very sorry that I cannot attend your Los Angeles meeting, but it is just impossible for me to do so at that time.

With kindest personal regards, I am

Sincerely,

(Signed) Frank

District Attorney

JFC:rcp

Exhibit II

NARCOTIC SURVEY

EVALUATION OF NARCOTIC PROSECUTIONS CONDUCTED BY THE
DISTRICT ATTORNEY'S OFFICE OF LOS ANGELES COUNTY, CALIFORNIA
January 1, to June 30, 1954

* * * * *

S. ERNEST ROLL
District Attorney
600 Hall of Justice
Los Angeles, California

EVALUATION OF NARCOTIC PROSECUTIONS CONDUCTED BY THE
DISTRICT ATTORNEY'S OFFICE OF LOS ANGELES COUNTY, CALIFORNIA

January 1, to June 30, 1954

Total Narcotic Cases Prosecuted	889
Marihuana Cases	342
Heroin, Opiates, Cocaine and others, excluding Marihuana Cases	547

The individuals in the cases surveyed herein are over the age of 17. A report by the Los Angeles County Youth Committee is available covering the juvenile arrests for the same period.

The cases surveyed show that in the Superior Court from January 1953 to June 1953 there were 81 cases prosecuted for sale of narcotics as against 209 cases prosecuted from January 1954 to June 1954.

The number of defendants in the Superior Court from January 1953 to June 1953 where probation was granted was 49 as against 260 defendants from January 1954 to June 1954. The number of defendants receiving State Prison sentences was 113 in the January to June 1953 period as against 188 in the January to June 1954 period.

During the period from January 1, 1954 to June 30, 1954 the County Grand Jury returned indictments against 122 defendants for the sale of narcotics.

This survey was taken about a month earlier than usual and from the number of cases pending, it reflects that there is less congestion in the Superior Court calendar than in the comparable period.

POSSESSION
MARIHUANA CASES

		<u>NO. OF CASES</u>		<u>MALE</u>	<u>FEMALE</u>						
		298		279	19						
		*350		*324	*26						
<u>Acquittals</u>	<u>Dismissals</u>	<u>Cases with Priors</u>	<u>Plead Guilty</u>	<u>State Prison Sentences</u>	<u>Total Cases Probation Granted</u>	<u>Straight Probation</u>	<u>Prob. & Co. Jail Sentences</u>	<u>Avg. Co. Jail Sentence Prob. Granted</u>			
35	14	51	153	23	113	8	72	123 days			
*41	*39	*44	*172	*21	*28	*7	*15	*106 days			
<u>Co. Jail Sentences</u>	<u>Avg. Co. Jail Sent. Prob.</u>	<u>Co. Fine & Jail Prob.</u>	<u>Avg. Fine</u>	<u>Probation & Co. Jail & Fine</u>	<u>Referrals To Calif. Youth Authority</u>	<u>Referrals to Juvenile Court</u>	<u>Commitments to Institutions</u>	<u>Placed off Calendar</u>	<u>Pend- ing</u>		
56	180	0	31	*187	15	2	2	4	34		
*177	*169	*0	*6	*250	*7	*3	*1	*1	*32		

*Comparable statistics for same period 1953

SALE
MARIHUANA CASES

<u>NO. OF CASES</u>	<u>MALE</u>	<u>FEMALE</u>
44	41	3
*28	*28	*0

<u>Acquittals</u>	<u>Dismissals</u>	<u>Cases with Priors</u>	<u>Plead Guilty</u>	<u>State Prison Sentences</u>	<u>Total Cases Probation Granted</u>	<u>Straight Probation</u>	<u>Prob. & Co. Jail Sentences</u>	<u>Avg. Co. Jail Sentence Prob. Granted</u>
3	3	5	23	6	22	1	20	184
*3	*2	*1	*7	*6	*4	*0	*3	*228

<u>Co. Jail Sentences</u>	<u>Avg. Co. Jail Sent. No. Prob.</u>	<u>Fine & County Jail</u>	<u>Fine & Prob.</u>	<u>Avg. Fine</u>	<u>Probation & Co. Jail & Fine</u>	<u>Referrals to Calif. Youth Authority</u>	<u>Referrals to Juvenile Court</u>	<u>Commitments to Institutions</u>	<u>Placed off Calendar</u>	<u>Pending</u>
3	302	0	1	0	0	6	1	0	0	0
*7	*224	*0	*1	*0	*0	*1	*3	*0	*0	*2

*Comparable statistics for same period 1953

POSSESSION
HEROIN, OPIATES, COCAINE AND OTHERS, EXCLUDING
MARIHUANA CASES

		<u>NO. OF CASES</u>		<u>MALE</u>	<u>FEMALE</u>			
			382	328	54			
			*338	*291	*47			
<u>Acquittals</u>	<u>Dismissals</u>	<u>Cases with Priors</u>	<u>Plead Guilty</u>	<u>State Prison Sentences</u>	<u>Total Cases Probation Granted</u>	<u>Straight Probation</u>	<u>Prob. & Co. Jail Sentences</u>	<u>Avg. Co. Jail Sentence Prob. Granted</u>
25	21	137	217	95	95	10	74	140 days
*21	*32	*54	*191	*63	*15	*5	*6	*241 days

<u>Co. Jail Sentences</u>	<u>Avg. Co. Jail Sent. No. Prob.</u>	<u>Fine & Co. Jail</u>	<u>Fine and Prob.</u>	<u>Avg. Fine</u>	<u>Probation & Co. Jail & Fine</u>	<u>Referrals to Calif. Youth Authority</u>	<u>Referrals to Juvenile Court</u>	<u>Commitments to Institutions</u>	<u>Placed off Calendar</u>	<u>Pending</u>
82	277 days	0	10	\$395	1	9	1	1	6	47
*135	*225 days	*0	*4	*\$225	*0	*8	*3	*4	*2	*55

*Comparable statistics for same period 1953

SALE

HEROIN, OPIATES, COCAINE AND OTHERS, EXCLUDING MARIHUANA CASES

		<u>NO. OF CASES</u>		<u>MALE</u>	<u>FEMALE</u>						
		165		156	9						
		* 53		* 52	* 1						
<u>Acquittals</u>	<u>Dismissals</u>	<u>Cases with Priors</u>	<u>Plead Guilty</u>	<u>State Prison Sentences</u>	<u>Total Cases Probation Granted</u>	<u>Straight Probation</u>	<u>Prob. & Co. Jail Sentences</u>	<u>Avg. Co. Jail Sentence Prob. Granted</u>			
14	13	69	53	64	30	2	27	191 days			
* 5	* 3	* 3	* 22	* 11	* 2	* 0	* 2	* 236 days			
<u>Co. Jail Sentences</u>	<u>Avg. Co. Jail Sent. No. Prob.</u>	<u>Fine & Co. Jail Prob.</u>	<u>Fine & Avg. Co. Jail Prob. & Fine</u>	<u>Referrals to Calif. Youth Authority</u>	<u>Referrals to Juvenile Court</u>	<u>Commitments to Institutions</u>	<u>Placed off Calendar</u>	<u>Pending</u>			
23	328 days	0	1	250	4	3	0	0	14		
* 18	* 361 days	* 0	* 0	* 0	* 4	* 1	* 0	* 0	* 9		

*Comparable statistics for same period 1953

60-9-54-Petty

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EXHIBIT V

EDMUND G. BROWN
Attorney General

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
BUREAU OF CRIMINAL STATISTICS

Ronald H. Beattie, Chief

505 State Office Bldg. No. 1
Sacramento, California

October 8, 1954

Honorable H. Allen Smith
Assemblyman, Forty-Third District
400 Security Title Insurance Bldg.
530 West Sixth Street
Los Angeles 14, California

Dear Mr. Smith:

The attached material has been prepared for your use in connection with the meeting of the Sub-committee on Narcotics on October 14 and 15. We are forwarding you an additional 20 copies under separate cover. As we collect and process statistical data on crimes and criminal offenders for the Attorney General, The Director of Corrections, and the Adult Authority, these tables are in a sense the response from all three agencies to your request of over a month ago.

We trust this information will be helpful for your purposes and if there is any further way in which we can be of service, we hope you will not hesitate to call upon us.

Very truly yours,

(Signed) Ronald H. Beattie

RHB:m
Att.

Ronald H. Beattie

Department of Justice
Office of the Attorney General
Bureau of Criminal Statistics

STATISTICS OF CALIFORNIA NARCOTIC OFFENDERS

January 1952 - June 1954

In response to requests to the Attorney General, the Director of Corrections, and the Chairman of the Adult Authority for statistical data on narcotic offenders to be made available at the meeting of the Assembly Subcommittee on Narcotics on October 14th and 15th, the following information has been prepared by the Bureau of Criminal Statistics. An effort has been made to show as up-to-date and complete a picture of the narcotics situation in California as the source materials of the Bureau make possible in the following eight tables:

- Table 1. Total felony arrests on narcotic charges reported from all police departments and sheriffs' offices in the State, in half-year totals. The twelve counties reporting 25 or more such arrests during the most recent half-year period are shown separately.
- Table 2. The number of defendants prosecuted on a felony narcotic complaint after arrest, for the same periods and counties.
- Table 3. The number of persons convicted in the superior courts of the State on narcotic charges, for the same periods and counties.
- Table 4. The number of persons sentenced to prison on narcotic charges, for the same periods and counties.

In each of the first four tables rates per 100,000 population have been shown for each half-year period for the more populous areas. These rates are based on county population estimates issued by the State Department of Finance.

- Table 5. The ratio of the number of felony complaints, of convictions, and of prison sentences per 100 arrests for each half-year period.
- Table 6. The types of sentence imposed on narcotic defendants convicted in the superior courts.
- Table 7. A comparison of sentences in narcotic cases in the California United States district courts with those of the superior courts for the fiscal years 1952-53 and 1953-54.
- Table 8. A comparison of length of prison terms imposed by the United States district courts and the sentences set by the Adult Authority for the fiscal years 1952-53 and 1953-54.

As yet there is no information available on the effect of the changes in narcotic penalties that became effective in September of 1953 and March of 1954. The first defendants committed to prison after the September, 1953, change are just beginning to reach the point of Adult Authority hearing, and defendants sentenced under the changes of March, 1954, will not begin to be heard before March of 1955 and for those with five year minimums or greater, not until 1956.

Sacramento, California
October 8, 1954

Table 1

CALIFORNIA NARCOTIC FELONY ARRESTS
Shown by Half-Year Periods, State Total, and Selected Counties

January 1952 - June 1954

County	1952				1953				1954	
	January-June		July-December		January-June		July-December		January-June	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	2,597		2,738		3,229		3,236		3,027	
Juvenile	171		211		190		165		164	
Total adult	2,426	100.0	2,527	100.0	3,039	100.0	3,071	100.0	2,863	100.0
Los Angeles	1,527	62.9	1,477	58.4	2,055	67.6	2,135	69.5	1,738	60.7
Alameda	159	6.6	166	6.6	199	6.5	216	7.0	309	10.8
San Francisco	257	10.6	283	11.2	250	8.2	190	6.2	188	6.6
San Diego	84	3.5	113	4.5	72	2.4	79	2.6	101	3.5
Other 54 counties	399	16.4	488	19.3	463	15.3	451	14.7	527	18.4
Fresno	35		53		54		67		82	
Sacramento	117		103		85		36		59	
San Bernardino	22		35		51		46		53	
Imperial	21		11		29		7		49	
Monterey	14		26		27		26		37	
Orange	9		27		19		31		33	
San Joaquin	47		69		42		55		30	
Riverside	39		26		16		24		29	
Other 46 counties	95		138		140		159		155	

Rate of Adult Arrests per 100,000 Population

Total State	22.1	21.6	25.4	25.2	23.2
Los Angeles	34.4	32.6	44.3	44.9	35.8
Alameda	20.3	20.9	24.8	26.6	37.6
San Francisco	33.1	36.4	32.2	24.5	24.2
San Diego	12.4	16.4	10.2	11.1	14.1
Other 54 counties	9.2	10.0	9.2	8.8	10.2

Table 2

FELONY COMPLAINTS FILED AFTER NARCOTIC ARREST
 Shown by Half-Year Periods, State Total, and Selected Counties

January 1952 - June 1954

County	1952				1953				1954	
	January-June		July-December		January-June		July-December		January-June	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	1,474	100.0	1,564	100.0	1,738	100.0	1,654	100.0	1,572	100.0
Los Angeles	784	53.2	771	49.3	977	56.2	963	58.2	752	47.8
Alameda	108	7.3	101	6.5	119	6.8	100	6.0	152	9.7
San Francisco	233	15.8	253	16.2	229	13.2	170	10.3	172	10.9
San Diego	66	4.5	93	5.9	63	3.7	71	4.3	78	5.0
Other 54 counties	283	19.2	346	22.1	350	20.1	350	21.2	418	26.6
Fresno	23		44		35		57		60	
Sacramento	68		60		69		21		50	
San Bernardino	20		26		35		43		37	
Imperial	39		61		33		43		28	
Monterey	14		23		20		26		37	
Orange	7		6		19		27		26	
San Joaquin	39		61		33		43		28	
Riverside	31		22		14		14		21	
Other 46 counties	42		43		92		76		131	

Rate per 100,000 Population

Total State	13.4	13.4	14.5	13.6	12.7
Los Angeles	17.7	17.0	21.1	20.3	15.5
Alameda	13.8	12.7	14.8	12.3	18.5
San Francisco	30.0	32.6	29.5	21.9	22.1
San Diego	9.8	13.5	9.0	10.0	10.9
Other 54 counties	6.5	7.1	7.0	6.8	8.1

Table 3

NARCOTIC DEFENDANTS CONVICTED IN THE SUPERIOR COURTS
Shown by Half-Year Periods, State Total, and Selected Counties

January 1952 - June 1954

County	1952				1953				1954	
	January-June		July-December		January-June		July-December		January-June	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	843	100.0	853	100.0	1,003	100.0	1,073	100.0	1,249	100.0
Los Angeles	390	46.3	371	43.5	534	53.2	622	58.0	761	60.9
Alameda	84	10.0	54	6.3	74	7.4	47	4.4	79	6.3
San Francisco	141	16.7	179	21.0	137	13.7	150	14.0	109	8.8
San Diego	48	5.7	49	5.7	48	4.8	48	4.5	50	4.0
Other 54 counties	180	21.3	200	23.5	210	20.9	206	19.1	250	20.0
Fresno	19		23		25		23		40	
Sacramento	38		18		24		32		26	
San Bernardino	14		14		12		14		15	
Imperial	8		7		12		4		5	
Monterey	9		11		11		13		12	
Orange	10		16		9		10		15	
San Joaquin	27		29		30		30		30	
Riverside	13		10		15		8		6	
Other 46 counties	42		72		72		72		101	

Rate per 100,000 Population

Total State	7.7	7.3	8.4	8.8	10.1
Los Angeles	8.8	8.2	11.5	13.1	15.7
Alameda	10.7	6.8	9.2	5.8	9.6
San Francisco	18.1	23.0	17.6	19.3	14.0
San Diego	7.1	7.1	6.8	6.7	7.0
Other 54 counties	4.2	4.1	4.2	4.0	4.7

Table 4

NARCOTIC DEFENDANTS CONVICTED IN THE SUPERIOR COURTS AND SENTENCED TO PRISON
Shown by Half-Year Periods, State Total, and Selected Counties

January 1952 - June 1954

County	1952				1953				1954	
	January-June		July-December		January-June		July-December		January-June	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	284	100.0	237	100.0	291	100.0	294	100.0	404	100.0
Los Angeles	84	29.5	80	33.8	118	40.5	124	42.2	199	49.2
Alameda	24	8.5	15	6.3	16	5.5	16	5.4	23	5.7
San Francisco	71	25.0	48	20.2	54	18.6	56	19.1	56	13.9
San Diego	26	9.2	21	8.9	19	6.5	10	3.4	17	4.2
Other 54 counties	79	27.8	73	30.8	84	28.9	88	29.9	109	27.0
Fresno	8		11		16		16		28	
Sacramento	15		5		7		11		13	
San Bernardino	5		5		1		5		5	
Imperial	6		7		8		2		1	
Orange	5		2		4		7		3	
Monterey	4		2		6		6		7	
San Joaquin	11		11		9		10		16	
Riverside	4		2		9		5		4	
Other 46 counties	21		28		24		26		32	

Rate per 100,000 Population

Total State	2.6	2.0	2.4	2.4	3.3
Los Angeles	1.9	1.8	2.5	2.6	4.1
Alameda	3.1	1.9	2.0	2.0	2.8
San Francisco	9.1	6.2	6.9	7.2	7.2
San Diego	3.9	3.0	2.7	1.4	2.4
Other 54 counties	1.8	1.5	1.7	1.7	2.1

Table 5

RATIO OF FELONY COMPLAINTS, SUPERIOR COURT CONVICTIONS, AND PRISON SENTENCES
TO TOTAL ADULT ARRESTS IN NARCOTIC CASES
Shown by Half-Year Periods

January 1952 - June 1954

Procedural class	1952				1953				1954	
	January-June		July-December		January-June		July-December		January-June	
	Number	Ratio	Number	Ratio	Number	Ratio	Number	Ratio	Number	Ratio
Arrests	2,426	100	2,527	100	3,039	100	3,071	100	2,863	100
Felony complaints	1,474	61	1,564	62	1,738	57	1,654	54	1,572	55
Superior Court convictions	843	35	853	34	1,003	33	1,073	35	1,249	44
Prison sentences	284	12	237	9	291	10	294	10	404	14

Table 6

SENTENCES IMPOSED ON NARCOTIC OFFENDERS CONVICTED IN THE SUPERIOR COURTS OF CALIFORNIA
Shown by Half-Year Periods

January 1952 - June 1954

Type of sentence	1952				1953				1954	
	January-June		July-December		January-June		July-December		January-June	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total sentenced	843	100.0	853	100.0	1,003	100.0	1,073	100.0	1,249	100.0
Prison	284	33.7	237	27.8	291	29.0	294	27.4	404	32.4
Probation	32	3.8	35	4.1	16	1.6	333	31.0	465	37.2
Jail	480	56.9	528	61.9	641	63.9	390	36.4	316	25.3
Youth Authority	47	5.6	53	6.2	55	5.5	56	5.2	64	5.1

Table 7

**COMPARISON OF CALIFORNIA UNITED STATES DISTRICT COURT SENTENCES
AND CALIFORNIA SUPERIOR COURT SENTENCES IN NARCOTIC CASES**

Fiscal Years 1952-53 and 1953-54

Type of sentence	California United States District Courts		California Superior Courts	
	1952-53	1953-54	1952-53	1953-54
Total sentenced	180	268	1,856	2,322
Prison	149	212	528	698
Youth Authority	-	-	108	120
Probation	26	44	50	798
Jail	5	8	1,170	706
Fine	-	4	-	-

Table 8

**LENGTH OF PRISON SENTENCES IMPOSED ON CONVICTED NARCOTIC OFFENDERS
BY CALIFORNIA UNITED STATES DISTRICT COURTS AND BY CALIFORNIA ADULT AUTHORITY**

Fiscal Years 1952-53 and 1953-54

Length of sentence	California United States District Courts		California Adult Authority	
	1952-53	1953-54	1952-53	1953-54
Total sentenced	149	212	336	422
Less than 2 years	3	3	5	2
2 to 3 years	79	89	26	11
3 to 5 years	47	67	146	190
5 years or over	20	53	159	219
Average sentence in months	35.6	42.9	52.3	54.1

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EXHIBIT VI

THE SUPERIOR COURT
COUNTY OF SAN DIEGO
COURTHOUSE
SAN DIEGO 1, CALIFORNIA

—
L. N. TURRENTINE, Judge

October 13, 1954

H. Allen Smith
Attorney at Law
400 Security Title Insurance Bldg.
530 West Sixth Street
Los Angeles 14, California

Dear Allen:

I have been tied up in an emergency with the grand jury and the liquor investigations to the extent that I cannot be in Los Angeles tomorrow or Friday.

My ideas have not changed except that I think laws could be made more stringent in relation to sexual psychopaths in misdemeanor cases, because of the decision of the Supreme Court about three months ago, giving them a right to demand a jury trial at the time of each rehearing, which would be about every six months.

I do not favor the death penalty in narcotic cases, but rather more certain and severe penalties without a right to probation, and with more definite limitations on the right of the parole board to release them short of a very definite time fixed in the statute by the legislators.

I am still satisfied with the definition of the sexual psychopath, although I wouldn't oppose a change in terminology if the psychiatrists would be any happier.

Regards,

(Signed) L. N. Turrentine

L. N. TURRENTINE

LNT
cs

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EXHIBIT VII

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN

CALIFORNIA STATE DIVISION

Statement Presented at the Interim Subcommittee
Hearings on Narcotics, October 14 and 15, 1954,
Room 115, State Building, Los Angeles

Winona McGuire, Legislative Program Chairman, Cali-
fornia State Division of American Association of
University Women

The California State Division of the American Association of University Women recognizes that the narcotic problem is both a problem of law enforcement and a community problem of removing or reducing the causes that contribute to addiction.

We favor such legal penalties for narcotic offenses as are realistic and consistent with successful conviction, effective enforcement, and prevention.

We commend the growing awareness on the part of legislators that narcotics addiction cannot be dealt with merely on a punitive basis. We believe that emphasis should be placed upon individual diagnosis, early treatment, and rehabilitation in cases where such measures seem hopeful of success.

We realize that assessing the nature and size of the narcotic problem that may exist is a problem for experts and we commend the efforts of the Assembly Subcommittee on Narcotics in its attempts to secure the opinion of responsible authorities and groups, as well as its attempts to obtain good legislation. We commend the efforts of the attorney general to obtain responsible and varied representation on his advisory committee and further recommend that careful study be made of the information and recommendations set forth in the report on "Narcotic Addiction" to the Attorney General by the Citizens Advisory Committee, March 26, 1954.

A program of prevention poses an even more difficult problem than that of law enforcement, since here we are dealing with a complexity of social conditions that have resulted in deep seated personality maladjustments and emotional conflicts. We cannot, of course, include in this statement all factors that influence human growth and neither do we propose that legislation can legislate out of existence all universal hazards.

However, we believe that education and the dissemination of information serve a very useful purpose in prevention, and we approve the successful efforts of the Legislature in 1953 to broaden the wording of the Education Code so that more appropriate instruction on narcotics can be given in the public schools. We believe that such instruction should be based on factual and authentic information concerning the use of narcotics and hypnotic drugs. Moreover, we approve

sufficient appropriations to the State Department of Education as will enable it to furnish up-to-date study materials and visual aids to both high school and adult groups. We believe the Department of Justice and law-enforcement agencies should also have sufficient funds to disseminate information.

The American Association of University Women has been especially concerned over a period of years with those community programs that make the greatest impact on the growing child and relate most directly to his healthy personality development.

We are especially concerned with the child's development in school. We realize, as set forth in our statement at the recent Senate Interim hearings on Child Care Centers, that the preschool age is an especially significant time in the guidance of personality development and the prevention of trouble. We are further concerned with the attitudes of juvenile courts and law-enforcement personnel toward first offenders, and we recommend that juveniles and young addicts be treated more as ill persons rather than as criminals. We are further concerned with proper community resources and facilities that make provision for the leisure time activities of young people.

We are keenly aware that such programs cost money. However, we feel that the immediate financial outlay for such programs is small compared with the tremendous social and financial costs of correctional institutions, mental hospitals, and crime detection. We consider the initial outlay for such preventive programs a sound business investment that will yield rich dividends to the State of California in the future.

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EXHIBIT VIII

Dispositions

Adult Felony Narcotic

	Sept. 1, 1951 to June 30, 1952				Sept. 1, 1953 to June 30, 1954			
	Number	Average Sentence	Average Fine	Prob. Granted	Number	Average Sentence	Average Fine	Probation Granted
No. of Arrests	1562				1486			
Miscellaneous Releases	174				280			
Rebooked, Misd. Narcotics	421				457			
D. A. Refused Complaint	267				224			
Complaint filed (Felony)	700				525			
State Prison	92				74			
Committed Youth Authority	13				15			
Straight Jail	292	179 da.		3	156	187 da.		81
Straight Fine	2		\$150.	2	27		\$194.	27
Jail and Fine	2	240 da.	\$300.	1	2	110 da.	\$150.	1
Jail, partial suspension	-			1	5	42 da.		5
Jail suspension, Fine	1		\$ 50.		9		\$172.	9
San Quentin susp. Co. Jail	-				7	231 da.		7
Straight Probation	-				6			6
Misc. Dispositions *	21			2	46			4
Dispo. not shown	111				67			
Dismissed	106				84			
Not Guilty	60				27			

* Note: Includes releases to military, other law enforcement agencies, rebookings, etc.

Dispositions

Adult Misdemeanor Narcotic Arrests

Disposition	Sept. 1, 1951 to June 30, 1952				Sept. 1, 1953 to June 30, 1954			
	Number	Average Sentence	Average Fine	Prob. Granted	Number	Average Sentence	Average Fine	Probation Granted
No. of Arrests	446				475			
Complaint Not Filed	2				6			
Complaint Filed	444				469			
Committed Youth Auth.	-				1			
Straight Jail	324	112 days			246	115 days		74
Straight Jail &/or Fine	16	28 days	\$77		4	16 days	\$100	
Jail, partial suspension	30	109 days		2	101	131 days		46
Jail &/or fine, part. Susp.	7	2 days	\$61	5	-			
Jail, complete suspension	4			1	11			5
Jail &/or Fine, Comp. Susp.	3				2			
Straight Probation	1				1			
*Misc. Dispositions	19				11			1
Dispo. Not Shown	12				85			
Dismissed	23				3			
Not Guilty	5				4			

* Note: Includes failure to appear, and releases to other law enforcement agencies.

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EXHIBIT IX

EDMUND G. BROWN
Attorney General

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
STATE BUILDING, SAN FRANCISCO

October 11, 1954

Honorable H. Allen Smith
Assemblyman, Forty-Third District
400 Security Title Insurance Building
530 West Sixth Street
Los Angeles 14, California

Dear Assemblyman Smith:

Enclosed herewith are seven copies of proposed changes in the Health and Safety Code of the State of California relating to narcotics and the control, care and punishment of addicts thereunder.

These changes are the result of the study and deliberations of the Citizens Advisory Committee to the Attorney General on Crime Prevention.

At the hearing scheduled for Thursday and Friday, October 14th and 15th, we shall have present, besides the writer, Mr. Robert Neeb, Chairman of the Southern Committee, Mr. Walter Creighton, Chief of the State Bureau of Narcotic Enforcement, Mr. Wallace Howland, Assistant Attorney General, Mr. Carl W. Wynkoop, Deputy Attorney General and Mr. Beckner, Chief of the Los Angeles office of the State Bureau of Narcotics. These men will present arguments to your Committee in favor of this proposed legislation. I do not know at this date whether or not Attorney General Edmund G. Brown will be present.

Looking forward to seeing you on the 14th, I remain

Very truly yours,

(Signed) Emmet Daly

Emmet Daly
Assistant Attorney General

ED:ED
Encl.

It is respectfully proposed that the Health and Safety Code of the State of California relating to Narcotics and the control, care and punishment of addicts thereunder shall be amended in the following manner.

That there be added Section 11,391.1 to read as follows:

"There shall be established a hospital at state expense to be known as the California State Hospital for Narcotic Addicts. Said hospital shall be governed by a board of three appointed by the Governor. Of of three, one shall be a member of the medical profession who is a psychiatrist and one shall be a member of the California Bar. The place of said hospital shall be designated by the Governor. The board of said hospital shall employ doctors, nurses and attendants qualified in the field for the treatment of those addicts. Said hospital shall be a medium security institution. Only such persons shall be admitted for care and treatment to said hospital as are committed by Superior Courts of the State of California in conformity with the provisions of Section 11,721 of the Health and Safety Code as amended."

It is respectfully proposed that there be added Section 11,391.2 to read as follows:

"There shall be established at places designated by the Governor out-patient clinics subject to the control of the Board of the California State Hospital for Narcotic Addicts for the purpose of giving care and treatment to narcotic addicts released under the provisions of Section 11,721 of the Health and Safety Code as amended. In such communities where it is not feasible to establish such out-patient clinics the Superior Court shall be empowered to designate any competent doctor who is also a psychiatrist to give treatment and care to any person still subject to the jurisdiction of the Court as provided by Section 11,721. Such out-patient clinics as shall be established by such Board shall be staffed by competent medical doctors and psychiatrists depending upon the case load in said clinic within the discretion of said Board.

"Nothing herein contained shall give the right to any doctor to administer narcotics to any person in such out-patient clinic and should it come to the attention of any doctor in said out-patient clinic that any person subject to their care under

the provisions of this Code has returned to the use of narcotics, said doctor shall report the same in writing upon the ascertainment of these facts to the Superior Court and said Court may then revoke the probation and return said person to the California State Hospital For Narcotic Addicts for treatment there for a period of not less than one year."

It is further respectfully submitted that Section 11,721 of the Health and Safety Code which reads as follows:

"Punishment of addicts. No person shall unlawfully use or be addicted to the unlawful use of narcotics. Any person convicted of violating any provision of this section is guilty of a misdemeanor and shall be placed on probation for not more than five years and the court shall sentence the person convicted to not less than 90 days nor more than one year in the county jail as a condition of probation."

shall be amended to read as follows:

". . ., or the court may in its discretion place the person upon probation for not more than five years and as a condition of said probation sentence said person to the California State Hospital for Narcotic Addicts as provided in Section 11,391.1 of this Code and such person shall be sentenced for not less than 90 days nor more than one year. Such person may at any time after 90 days apply to the said court for a modification of said probation and the court in considering said application shall request the Board of said hospital to furnish to said court a written opinion as to whether or not said person is ready for release. When the person is released from said hospital either by fulfilling the full term of sentence or by modification as herein provided, such person shall remain under the jurisdiction of the Superior Court for the balance of the probation period and as a condition of said probation may be required by the court to submit to out-patient treatment at out-patient clinics as provided in Section 11,391.2.

"At the conclusion of the probation period, or any shorter period of termination by the court, such person may be permitted under the provisions now existing under Section 1203.4 of the Penal Code upon motion duly made to be relieved of all penalties and disabilities of said conviction and may enter a plea of not guilty in place of a plea of guilty, or having been found

guilty such person may have a not guilty verdict entered and the matter shall be dismissed, and such records from that point forward shall be sealed and not subject to public inspection in order that such person may not be injured by having a public record of a conviction relating to the addiction of narcotics."

CHAIRMAN SMITH: All right, gentlemen, we will get started. We have two individuals here today that weren't here yesterday. We are happy to have Judge L. N. Turrentine, the second gentleman at the desk here, taking the place of Judge Fricke. Judge Turrentine, Superior Court Judge from San Diego County, has been of invaluable assistance to this committee for several years. With him is Mr. Charles T. G. Rogers, Chief Probation Officer of San Diego County.

Now, Mr. Daly, are you ready to start on your end of this or are you going to start on this hospital thing?

MR. DALY: I have just learned that Mr. Neeb is ill with the virus which he had yesterday. He has been under the doctor's care all night and can not possibly be here so I shall attempt in his absence to summarize the thinking and findings of the Citizens Advisory Committee to the Attorney General that made these studies, copies of which you have.

CHAIRMAN SMITH: Please wait a second. Has most everybody had a chance to read or glance over the proposed changes to 11721 in the new section to be added as suggested by the Advisory Committee? We read it yesterday. I think everybody has a pretty good idea of it. Give one to Judge Turrentine, all the rest of us were here yesterday. Please proceed, Mr. Daly.

MR. DALY: For the purpose of the record and for the benefit of those present who may not have had an opportunity to read the report prepared by the Citizens Advisory Committee, I would like to state that this committee studied this problem for approximately seven months. During that time we heard 42 experts on the subject of narcotic addiction, covering some 23 separate meetings. These experts were law enforcement officials, psychiatrists, doctors, sociologists,

and persons who were more or less familiar with the problem. It included Commissioner of Narcotics from Washington, Mr. Harry Anslinger, who appeared before both the northern and southern committees. Now, the ideal of course would be, and that is what the committee looked upon, the ideal would be, as I believe Mr. Lyons stated yesterday, if we could put an iron curtain around California to keep it all out, that would be excellent, the idea would be to eliminate the source of the illicit narcotic traffic. However, the thinking as expressed by the various federal officials who appeared before the committees might be summed up as follows: They said they had 260 men in the Bureau of Narcotics to cover the entire United States. The United States Custom Bureau has 9,000 miles of border to cover and guard. Along our California-Mexican border alone we have approximately 5 million pedestrians and 2½ million cars, with an estimated average of 3 persons per car, that cross our borders annually. There are 50 United States Custom agents stationed at the ports of San Francisco and Los Angeles. Now, these 50 custom agents must cover approximately 8,500 entries of ships annually, 8,500 ships coming through those two principal ports. The United States Customs official in San Francisco, specifically Mr. Chester McPhee, estimated that of the possible amount of narcotics entering San Francisco by ships and planes no one knows how much that is. Let's assume that X would represent the unknown quantity of narcotics coming in illegally into that area. Of that amount, he said he had talked with his officials, with his head men in his office who try to approximate how much of the total was being caught before it came into California, and he said it was the consensus of those men that not more than 5 percent was being detected, but it was their honest opinion that the figure was closer to 1 percent. Therefore, we are faced in California

in spite of the excellent, and I say excellent - I want that to reflect the attitude of the Attorney General, Mr. Brown and his office, and I am sure Mr. Creighton from the Bureau of Narcotics - in spite of the excellent work being done by the federal officials who are understaffed in our opinion, it is the opinion of the committee that they are understaffed in this area, in spite of the excellent work that they are doing, we are getting probably 1 percent, somewhere between 1 and 5 percent of the narcotics coming in here. What are we going to do with that amount of illicit narcotics once it crosses our borders? No one knows what our market is; no one knows how many users, how many addicts we may have in the State of California, but experts who do have some very practical ideas about it who appeared before our committee estimated the following, and I think it might be of interest to those present to just very briefly touch on those figures. It was estimated that we have approximately 32,000 legal users of narcotics. By that we mean persons who are on narcotics because their doctor has prescribed legally that they use narcotics. It is further estimated that we have 10,000 known narcotic users, and it was conservatively figured that that 10,000 would represent about 50 percent of the total. So you have then, if we accept those figures, 32,000 legal users of narcotics and approximately 20,000 illegal users of narcotics. During the 7 months study that the committee gave to the subject, after having heard the various experts, law enforcement officials, correctional officials, doctors, we thought it might be advisable to actually talk to the narcotic addict and or peddler himself. So the committee made two separate trips, one was to San Quentin penitentiary, the other to Chino. And through the cooperation of Mr. Richard McGee, the Director of Corrections, and the specific cooperation of the wardens of both

of those prisons, namely Mr. Teets in San Francisco at San Quentin, and Mr. Scudder at Chino, arrangements were made whereby we could talk to some of these addicts. I might state for the purpose of personal identification in this field that I do not pretend to be an expert in narcotics. However, I do have a background of entirely my adult life in the field of criminology. I have interviewed possibly 3,000 men and women who have been charged with committing some type of felony, having been 5 years with the F. B. I. and so on, so I believe I am as well qualified as the average law enforcement officer to judge whether or not a man is telling the truth whether he be charged with a crime or whether it is just somebody who is sitting across the table telling, as we say, a story. As I listened and as the committee listened to the men at Chino and at San Quentin - they were there anonymously, we did not know their name nor care to know their name - they knew the purpose of the committee, they knew that we were seeking, if possible, some answer to this difficult problem of narcotic addiction. These men appeared, as I say, voluntarily before us. We did not find any evidence that would substantiate the belief that narcotic addiction is ever cured or even helped by a term in jail or prison. And it was the consensus of the committee that the contrary was true. It is rather shocking, at least it was to me, having played my part in putting a number of people in jail in my life, it was rather shocking to listen to these young men, and unfortunately a lot of them are in their twenties, testify substantially as follows: We would ask them the question "How did you get started on narcotic addiction?" and invariably the answer came back "I started by using marijuana". "Was that forced upon you? Did somebody push you to use it?" and invariably the answer was "No". For the purpose of getting it before the record

I think I should state that most of them, practically all of them, one exception that I recall, said "we were out on a party" what they call a joy pop, "and the others were using marijuana so I was curious and I tried it". Some enjoyed it the first time, some didn't, but invariably the pattern accelerated until they were using stronger opiates. Most of the ones that we talked to were on heroin. Most of the men we talked to said they learned more about narcotic addiction, what to use, how to get it and from whom, in other words who would be the peddler, while they were serving terms in the city and county jails of whatever community they may have resided in. These boys and most of them were boys at the time they - when I say boys I mean around the 18 to 25 bracket - these boys were using marijuana, they may get arrested, they may get a 90 day sentence to a city or county jail, rather a county jail, and there they become known very quickly as in there because of narcotics, and invariably they are going to meet somebody who knows all the answers on the outside. They are maladjusted people, most of these men; they are easily swayed and look upon the fellow that's been on the outside who knows the answers as a big shot and sort of listen to what he has to say. When they get out the first time they have trouble emotionally, domestically, whatever it happens to be, it is a sort of a natural thing that they drift with that crowd that they took up with while they were in jail. We were surprised, at least I was and I am sure that was an opinion shared by each of the committee, that almost every person interviewed when they were asked "would you rather serve a term in the state prison or in the county jail", immediately came back "oh, I would rather spend 6 months in prison than one month in a county jail." We couldn't help but get the feeling that if there were some agency, if there was some place

that these boys and girls who had started on marijuana and had developed the habit, not the addiction because marijuana is not addicted but they do get the habit and it is the stepping stone to more serious addiction, we could not help but get the feeling that if there had been some agency, some place that these people would know that they could go to and sit down and talk with someone schooled in the theories and in the therapy of treating a person who had been on marijuana for some period of time that it is possible, we can't say that it would happen, but it is certainly possible that many of the persons who later find themselves at the end of the road as a confirmed narcotic addict might have been stopped at that particular point of his or her life. As a result of the talking with these men and of our complete study, the committee divided our narcotic users into what you might call three separate classifications. First, we considered the addict as such. Second, the addict who finds that he must peddle in order to support his own addiction. Most of those men were spending, according to their statement to us, anywhere from \$10 to \$12 a day up to \$25 - one or two went far beyond that, we could only accept their statement on that. And then the third was the professional non-addict peddler, that is the man who is in the business for sole profit; he apparently cares not who he contaminates, who he sells to, so long as he gets the going rate of exchange for his commodity.

Now, looking at those three classifications in reverse, the committee to a man or woman abhorred every one of the men who might be commercial in their treatment of this problem. In other words, the professional peddler we abhor them as much as anyone else. The committee went so far as to recommend that the penalty for selling, transporting, furnishing or giving away of narcotics by that type,

that professional type who is not an addict, that he be given a minimum of 10 calendar years to life regardless of whether it was the first offense or not. The committee also believes that we have to do something other than the way it has been done all these years of just arresting time after time the same people, putting them in jail, then in prisons for narcotic addiction, receiving no evidence that anything good was coming out of it, the committee felt that we would have to set up some type of treatment for them, and the document which was prepared as the result of our studies, this was prepared by Mr. Neeb incidentally, I gave your chairman a copy of it yesterday and I regret that he can't be here personally to present it to you. This is not intended to be a final document, it is merely a guide so that the committee would have something before you of the cumulative thinking on setting up some kind of a facility to treat these men and women medically. The committee also felt that after, assuming that such facility was set up and assuming that the man who was arrested as an addict, was brought before this medical group and treated, and assuming that he has been given ample opportunity to cure his addiction and finally the board who has judgment over him says "this man is incurable, there is nothing that medical science knows that we can do to take care of him". The committee recommended that that man should then be certified by such medical authorities as incurable and be placed somewhere where he will be taken off the street and will no longer be a contaminating influence in society because it is very well known by all of you that the man who is out as an addict who begins to peddle to support his own addiction is certainly going to contaminate X amount of people, nobody knows how many but it is estimated for every addict you have five potential users and some say ten, but regardless it is

sufficient. Up to that point, I believe that covers very broadly the thinking of the committee.

Your suggestion of a hospital that would treat these narcotic addicts as indicated in this document presented yesterday is the result of our thinking. The committee did not go into the question of whether that should be under the Department of Mental Hygiene, or whether it should be under the Department of Corrections; some thought was given to it but it is not mentioned here. We thought that should be left to the recommendations of your committee because state-wise you would know better what to do with that particular mechanic of handling it.

Mr. Wynkoop was to have been here at 9, but I do have on my left and I should like to present him, Dr. Marcel Frym of the Hacker Foundation. Dr. Frym is one of the members of the southern committee that I have referred to and I am going to ask him to give his comments regarding some of the aspects of this program.

Also present is Mr. Ronald Beattie from Sacramento who prepared the document that your chairman referred to yesterday "Statistics of California Narcotic Offenders from January 1952 to June 1954", prepared by Mr. Beattie for the Department of Justice, the office of the Attorney General. Mr. Beattie is Chief of the Bureau of Criminal Statistics in Sacramento and at your convenience, Mr. Chairman, you might wish to call on Mr. Beattie to explain some of the data that was referred to and commented on at yesterday's meeting.

CHAIRMAN SMITH: Thanks very much, Mr. Daly. Dr. Frym, would you like to continue? What is your address, Doctor?

DR. FRYM: My office is 160 Lasky Drive, Beverly Hills. I am with the Hacker Psychiatric Foundation Research. I am the Director of criminalological research of this foundation which is dedicated to . .

CHAIRMAN SMITH: May I interrupt a minute. Roland, we would be glad to have you take a seat over here. We don't want to leave you out of this little meeting.

MR. DALY: May I have just one more minute. We shall also have Dr. Henry Wegrocki who can not be here because of teaching assignments at the University - he will be here at 2:30. Mrs. Lewis of the Parent Teachers Association, who is also a member of the committee, will be here at approximately 1:30 this afternoon who would like to speak on the prevention and educational aspects of this problem.

CHAIRMAN SMITH: Thank you, Mr. Daly. Please proceed, Dr. Frym.

DR. FRYM: In order to qualify myself as testfying here, as I said the Hacker Psychiatric Foundation is dedicated to research and education in the field of psychiatry. I am a criminalologist and I have been 10 years with this foundation and clinic. I am also on the faculty of the University of Southern California where I am teaching law enforcement in criminal and correctional psychology and I am also on the faculty of Los Angeles State College where I teach criminology and I am honored to be a member of the Advisory Committee on crime prevention to our Attorney General of California. Now, Dr. Wegrocki and I were assigned a job to draw recommendations under the heading of treatment for the southern committee. Mr. Daly has presented what ever I could have said, but I would like to add a few remarks. Number one. This recommendation of an out-patient clinic, which is the most important part in my opinion, of our recommendations - I want to hasten to say it has been tried before and it has not worked for reasons which I would like to offer slightly later. We have a wonderful working example of an out-patient clinic here in Los Angeles; we

had it only a few months, I believe, it is part of the rehabilitation program of our Department of Corrections. As you may know that people paroled, especially those paroled from the medical facility of our Department of Corrections now here on Terminal Island and to be moved to Vacaville, are eligible for out-patient treatment after their release on parole here in Los Angeles where they get mainly group psychotherapy as they did get at the medical facility at Terminal Island, and there will be, I hope, also some chance for individual psychotherapy.

As far as I know the results of our medical facility are outstanding. We who work in this field see the results and they will be reported to the Legislature soon, I understand. We had a working out-patient clinic for people who have behavior problems, and we had outstanding results for this one reason, because for the first time 45 people, not just self-appointed experts who were not trained in psychiatry and psychotherapy, had a chance to work with these human beings personally, intensely, not just lip service treatment. The reason why these previous attempts of out-patient treatment of narcotics failed, in my opinion, was predominately because of the lack of any real psychological treatment which they couldn't get anywhere, and don't get anywhere. We here in the State of California can be very proud that due to a few courageous people we have set up this group psychotherapy treatment a few years ago, first on Terminal Island and now this out-patient clinic so we have something to go for and to develop which has started already.

In our recommendations we also advocate a disposition tribunal which should decide what to do with an addict. No longer a man whose background is only legal - I want to say that I was once

a prosecutor, I have a legal background, and now I realize how little I knew about human beings when I was just a lawyer - didn't know anything about human behavior. This disposition tribunal had been suggested many, many years ago, about 8 years ago, by an outstanding professor of criminal law and clergyman at the same time, Francis Worten here in the United States. His voice remained unheard and he was ridiculed and sneered at by so many people who believe only in punishment. Such a disposition tribunal should, in our opinion, consist of experts in the field of human behavior, psychiatrists, psychologists, educators, priests and ministers, and criminologists, and they should make an extensive study of every human being and there should, in our opinion, be a right of appeal, it shouldn't be left to just one board to decide the fate of a human being. There should be full appeal against the decision of a board and of course the appellate instance should also be at least assisted by experts in the field of human behavior. And, finally, the later recommendation for research which is more or less the never heeded suggestion became already very boring, I believe, to legislators but still our voice was persistent and we must repeat there is only one answer to the treatment of offenders and of addicts - to do research, to have research conducted by people who are qualified to conduct this research who have their heart in it, and to have the necessary funds. Thank you.

CHAIRMAN SMITH: Thank you, Doctor.

Now, we can start and bring this hospitalization to a head. Who wants to start commenting on that further? What I would like to decide, as you fellows know, is what specifically we can do so we can come to agreement on certain things and then when we place the bills in we will have the support. Those things that we can't agree 100 per

cent on, we may have to hold further hearings or have additional study, but I would like to bring this hospitalization out now and see where we are going to go from there; whether it is going to be a state hospital or if there should be one, how many people we might have, how it would work with the federal authority, whether we will keep placing an addict back in once, twice, three times or whether if he's the individual who pushes on other people when he gets out and he's incurable, should he be placed in a farm some place or an institution and isolated from society, or what? I think maybe Mr. Gentry might give us a little idea of the Federal deal because we will have to work it someway along the line so that we don't duplicate. We will have to keep in mind, as Dr. Frym says, research. We are not opposed to research, we have fought hard to get money for that sex research for 5 years until last time I almost died having to fight it through the Legislature and we are always faced with money, money, money. With the increase in this population more prisons and new schools every week and the tremendous cost to this state, we must consider the taxpayer in conjunction with all of our ramifications of this fast and growing state, but you have our sympathy - it's just a question of getting 41 votes in the Assembly and 21 in the Senate, that's all.

Ernie, maybe you ought to give us your thoughts now on this hospital, how we ought to start.

MR. GENTRY: I will do that and I want to make a couple of comments that bear directly on the Advisory Committee's Report with which I am familiar. I appeared before the committee as did the commissioner on several occasions and I want to give the benefit of my thinking to it, bearing in mind of course you in the Legislature will give consideration to all factors as they are presented to you.

In the first place, I believe that it was recommended to the committee at the time the commissioner was here that they might explore the possibility of providing within the state law provision whereby an addict convicted under your state law could be committed, provided the transportation were paid by the State of California or some provision made for the travel of the individual to one of the institutions that are currently operated by the United States Government. I believe the commissioner pointed out that only a small portion of the facility at Fort Worth was actually being used for the treatment of drug addiction. I have not seen any consideration given to that thought, but it is still, I believe, proper that the Legislature in giving thought to treatment take that into consideration, not only from an expense standpoint, but from the standpoint of the fact that the Federal Government and the United States Public Health Service have been in the business of treating drug addiction longer than any other group within the United States.

CHAIRMAN SMITH: May I interrupt you right there and ask you, how do you propose that would work? How would we handle it?

MR. GENTRY: Other states have it on a probation system whereby the sentence may be suspended for addiction provided that the violator commit himself to the institution at Lexington or Fort Worth for treatment of drug addiction. It would have to be worked out as far as admissions were concerned through the medical director of the public health service and a surgeon general of public health service, but it could be provided.

CHAIRMAN SMITH: Of the experience of the other states, what has been maybe the time element on that from the standpoint of conviction? When do we get them down there? Do they pay their transportation?

MR. GENTRY: That has been the problem; most states have declined to give consideration to the travel expense that is involved. They don't feel that it is a taxpayer proposition when this individual has permitted his eviction or created his eviction of his own volition. So you have the double thought along that line, but it is working in those areas, for instance now in the two states where the institutions are located, in Texas and Kentucky, it has been working for a great number of years. The District of Columbia law, I believe, covers the same situation, but of course we are involved there with the Federal Government defraying the travel expense, but that could be worked out where the individual would pay his own way; in other words, he could pay his own way or he could be confined in jail. If he wants to take advantage of the cure facilities which we are led to believe that all addicts want to take, and I have never seen one yet that wanted to take a cure, I think he might be willing to dig up the money to go there to avoid being confined in an institution.

Now the second place, we have had references here made to the fact that drug addiction can't be cured and they have to be condemned to a life of addiction and so forth. What I wanted to point out is just who anywhere is ever qualified to state whether an individual is ever cured of his addiction. I am not a medicine man, I am not a physician or anything like that, but I've been associated with drug traffickers and addicts for a great number of years, and a man can be withdrawn from the drug and every physical ailment corrected; he can have had psychiatric treatment while even in an institution, much less when he returns to society, and what we are confronted with is what we determine to be a cure. Now there is no question about the actual usage of the drug at that particular time he has been freed from.

Is the new addiction the recidivism that occurs - is it the same addiction or is it his lack of will power that causes him to go out and be re-addicted? I think that is a very fine point to give consideration to when you are considering embarking on such an expensive program as has been proposed.

Another matter that I want to point out to you is this, that the majority of law enforcement takes a stand of somewhat as was presented here and has been presented in other discussions, that in addition to this maladjusted individual, you are dealing with a criminal, a criminal first, a criminal last, and a criminal always, unless the individual himself has some desire to bring himself out from under this load that he has chosen to carry. The position law enforcement takes is not because we have based our opinion on the interview of this man under subdued conditions while he is in custody in some institution, or in some sanitarium, or while he is paying money to attempt to escape from a more serious charge. We talked to those people while as undercover agents or out in the criminal underworld associating with them, and we know what their thoughts are, we know what their intentions are, we know what their desires are; therefore, they are not aware of the fact that we are endeavoring to get an objective outlook from them as to what they think they need for treatment of drug addiction. Now in that connection, for clarification of thought that we are conducting here, reference has been made to some 32,000 medical addicts within the State of California who are receiving narcotic drugs for some ailment. I really don't know why that should be given any consideration in this hearing at all because, in my opinion, throughout the United States there are several times that many medical addicts that have a legitimate need. The Harrison Narcotic Act and your state

narcotic laws intended to provide narcotic drugs for those people to alleviate suffering, so we are confronted with the addict who has no medical need for a narcotic drug and procures his narcotic drugs in violation of the existing laws of the country. These medical addicts do not create other addicts; they do not bring about a situation of addiction among other individuals. They are in every instance, under both the State and Federal Law, required to be suffering from some ailment that requires administration of narcotic drugs for a physician to prescribe the drug to them. We speak of the drug addict and what his statement was as to how he got started and he explains the procedure where he smoked a marijuana cigarette first and then later on went to heroin. That is not the real answer that we should consider in this situation at all because what we want to know is how that individual was able to do it and obtain the drugs and use it and when we say how we don't mean was there a prevalence of drugs or anything like that, we mean in what group was he associating when he became able to purchase narcotic drugs and use the drugs. You and I, and I daresay there is not one of you here, could go out and simply because you have the desire to use the drug could acquire it. The fact is that they are in a criminal group or in a criminal element or in a fringe element bordering on criminality long before they are ever exposed to the drug usage, consequently that is the crux of your addiction problem in this country, that's the crux of it, will be the crux of it for many, many years to come.

Now, as to the fact that they are sellers, regardless of whether they sell to satisfy their own addiction, whether they sell for profit, or for what reason is of little consequence when you bear in mind the objective behind any drug sale is to provide drugs for

the use of an individual in contravention of the society laws and the ethics of society, so when we reach that point we find that under the proposal we would have a group of individuals who could condemn an individual to a life of drug usage. I might state that yesterday it was asked in clarification on this proposed legislation if it was intended through the proposal, as presented yesterday, that there would ever be narcotic drugs provided to incurables, and I believe we were informed emphatically yesterday that there would no no such proposal. Is that not correct?

CHAIRMAN SMITH: I think that is approximately correct. I think we asked the question to get a decision as to what we felt in connection with out-patient clinics or the like, that we should have stations around where an addict could go and get the drug and we commented, one gentleman commented I believe, if he needed eight he would ask for ten and so forth, and that they had tried it here once but it failed. Not that we closed the door forever in the future, but I want to get an opinion from this committee if that problem comes up as to whether we are going to pass out dope on every street corner.

MR. GENTRY: This morning we have the proposal that after a specific period of time, or rather the thought of the committee, that after a specific time when a person was deemed to be incurable by medical authority, he should be allowed to procure his narcotic drugs through one of these clinics.

MR. DALY: Correction, Mr. Chairman, no such statement was made.

CHAIRMAN SMITH: I didn't hear that, we will have to go back to the record. Anybody else straighten us out? I didn't catch that.

MR. GENTRY: Did we not have some discussion concerning a

disposition tribunal this morning?

CHAIRMAN SMITH: Yes.

MR. GENTRY: And did we not have a proposal whereby an addict after he had been treated at this out-patient clinic - it was the thinking of the committee that after a specific period of time this individual would be certified as incurable by medical authority and then would thereafter receive his drugs through the institution?

CHAIRMAN SMITH: I got the opposite conclusion from it myself. Those people they have no use for - they ought to get rid of those.

MR. DALY: That is correct. Mr. Gentry, I believe, misunderstood what either Dr. Frym or I said. I have just my memory for this, but I shall read the actual recommendation of the committee: "After an addict who has received treatment for his addiction to the extent that competent medical authorities believe that any further attempt to rehabilitate would be futile, such addict shall by certification of such authorities be permanently confined to a state institution." That doesn't mean that he is to go out to a clinic and get free drugs or in any other way obtain it; he is to go to an institution as incurable on certification.

CHAIRMAN SMITH: Maybe that corrects it. I think, Ernie, you agree with us, or maybe I should say with me, don't you that they were the only two - we shouldn't have places where these addicts can go and get dope. Isn't that correct?

MR. GENTRY: That is correct, sir, and I will get back to your original question now. As I stated yesterday, the Federal Government believes that there should be facilities available for the cure and treatment of drug addiction over and above the prison approach. When I say over and above the prison approach, they should

be institutions of a specialized type that would provide the treatment necessary to rid the individual of addiction and start him back into society at the proper level. In addition to that we believe that there is an inadequacy in the various state laws and in the federal laws for this rehabilitation period following immediate release, and as I stated yesterday I do not believe as a law enforcement officer that it is primarily a psychiatric problem; it requires a certain amount of a penal phase to it in the form of probation, or under the parole set-up because I do not believe that the medical profession is equipped or the profession of psychiatry is equipped to provide follow-up and discipline necessary to keep an addict, who I might say is absolutely the smartest individual in the criminal world today, he is not equipped to cope with that situation and the specialized parole and probation systems of the country are alert to the nature and tendencies of a drug addict and are better equipped to handle the problem. That is about all.

CHAIRMAN SMITH: Do you know, Mr. Gentry, whether or not the Federal Government is at this time giving consideration to possible legislation on following through after their release from the hospitals that you mentioned there?

MR. GENTRY: As I mentioned yesterday, and I will make available to the committee a copy of this law, the District of Columbia, Congress enacted a law in the District of Columbia that does provide post release supervision.

CHAIRMAN SMITH: Do you have any idea of what the bed facility or the personnel facility for addicts that might be made available in possibly Forth Worth and Lexington for assistance to the State of California? 100 or 200 or does it vary or do you have any idea?

MR. GENTRY: I couldn't tell you. I believe Dr. Fuller

would be able to tell you the size of the two institutions more accurately. I believe there are about 900 or 1,000 beds, maximum, at Lexington and about 700 at Forth Worth if I am not mistaken.

MR. REDWINE: I would say about 200 or 300 women's at Lexington.

CHAIRMAN SMITH: Mr. Redwine would you give us the benefit of your comments as to whether you think legally we could pass a law that would in some way make available for the addicts in the State of California to get to one of these federal hospitals.

MR. REDWINE: Vag addicts which come under 11721 of the Health and Safety Code - before I go into that I think yesterday Roger Pfaff mentioned the fact that the superior court is specified in the recommendation, this would be a term of probation from either a municipal or in some cases a justice court. They probably got the superior court from a different act entirely where sexual psycopaths are required to be certified from the superior court. In my opinion, the superior court wouldn't even enter into this picture at all.

CHAIRMAN SMITH: That is probably correct unless we specifically put it into an act.

MR. REDWINE: Well if it is it certainly wouldn't be a term of probation from the superior court, it would be from the municipal or the justice court in some instances.

CHAIRMAN SMITH: That's right.

MR. REDWINE: I don't think you need any legislation as a term of probation to require that they voluntarily commit themselves either at Lexington or Forth Worth. At the present time, of course, there would be the question as mentioned by Mr. Gentry of transportation, but it could be made a term of probation right now. They could

not be committed to an institution outside the state, but they could be required to voluntarily commit themselves as a term of probation at the present time.

CHAIRMAN SMITH: Yes, but we are not getting any of them down there now. Maybe the penalty should be changed in such a way that it would be much more attractive if they voluntarily committed themselves to Fort Worth.

MR. REDWINE: That might be possible. Of course they could be getting the maximum penalty which at the present time would be one year and as a term of probation that they voluntarily commit themselves to either Fort Worth or Lexington. It has never been done but there is no reason why it couldn't be a term of probation.

CHAIRMAN SMITH: In order for us to have a state hospital we must take in mind that first we have to pass an act on it. It wouldn't become effective until September of next year. Then we would need money for buildings, we need the architectural plans and the site, the location and then subsequently the personnel, and I would assume that it would be a matter of some two or three years before it could actually be in operation unless we took an existing facility. Now, during that time at least, as long as there is a possibility of sending some of these to a federal hospital, how from a practical standpoint could we work it out where we could try it. Even if we got ten down there we could at least try and see if it was a feasible and workable plan.

MR. REDWINE: I would say it would be worth a try, and if facilities are available I should think some of the - well you might try it from some of the municipal judges in this jurisdiction right here. I think they would be willing to attach that as a term of probation.

CHAIRMAN SMITH: Now, will we make any distinction between the addict and his first arrest, his second arrest, his third arrest, or would we call in a doctor along the lines of the sex psychopathy act, one, two, or three, to see whether or not they thought this individual should receive that as part of his probation? How are we going to break down who is going to go?

MR. REDWINE: That, in the final analysis of course, would be up to the judge who prescribes that as a term of probation, and I should think he would want to take into consideration whether or not the particular party would be capable of rehabilitation if he did reach such an institution.

CHAIRMAN SMITH: The trouble is we are faced with this from a practical standpoint. Now, if you start with the judges in Northern California down to Southern California, the sex psychopathy act when we first started, some said it was no good they never used it, and others said everybody. So for a period of time Dr. Wyers had a terrific problem during this 90 days of sorting out those who could receive treatment, those that couldn't and so forth. I think that is all pretty much a thing of the past. I think they have all had the act and used it and I believe they are all familiar with it, but we wouldn't want to have one judge that just sent every addict down to Fort Worth and make it a term of probation. At least it wouldn't seem to me we ought to start it that way. I don't know, I am trying to figure that out. Mr. Creighton.

MR. CREIGHTON: Mr. Chairman, at present there is a program in the making. The sheriff's office and the district attorney's office in Alameda County have been cooperating with the Attorney General and we have in the Bureau of Narcotic Enforcement lent the

manpower to set up such an institution on experimental basis in Alameda County. At the prison farm at Santa Rita, Sheriff Gleason has already had the plans laid for setting up this particular program, the blueprints have been made, I understand, and one inspector from our bureau working with the Attorney General's staff have cooperated and worked very closely with Sheriff Gleason of Alameda County. The sheriff anticipates that this program will be working by January 1, and it will be for those persons who are picked up under 11721, confined to the county jail for a period of time set by the court, of course, and while they are in there will be given certain treatments; they are then released on probation. The court shall set up certain terms for probation that they shall return once every 30 days, I believe it is, and receive an injection of nalline, that is the new drug that is being used quite extensively to determine whether or not the person has returned to the use of narcotics. Nalline does in a few moments what the 72 hour waiting period or withdrawal period will show. We expect it will be in motion if the funds can be made available. It is a rather expensive process. We expect that will be in motion by January 1. I think Sheriff Gleason is a little bit optimistic, however, on that as they haven't actually started work on the program; however, he would be willing to accept from any county in the state persons who might be best served by this particular program.

CHAIRMAN SMITH: I think that is very admirable foresight by Sheriff Gleason. Now, that comes down to a county expense.

MR. REDWINE: No, it is anticipated that other counties participating as far as the person to be confined therein will stand the expense, naturally, or part of the expense of the individual.

CHAIRMAN SMITH: We must consider we want not only a county, a state problem as you mentioned yesterday, but a problem all over the United States. I would like to be certain that we do everything we can from a legislative standpoint.

MR. GENTRY: I had one other comment. It was in line with your thinking part to Mr. Creighton's remarks with respect to this situation on admissions at Lexington and Fort Worth. I believe that Dr. Fuller is more familiar with them than I, but I do know that they have a procedure there whereby persons who have been in a number of times and who have not cooperated properly cannot be accepted under certain conditions. I am not familiar exactly with what they are, and in addition to that they will not take an individual with the vicious type criminal record behind them in there because it is a hospital type institution. Although it is of a confinement nature they are not equipped to handle the rough neck type law violator that the prisons are better equipped to handle. So that would have to be worked out if you consider that proposal in connection with the public health service, I believe.

CHAIRMAN SMITH: Taking that statement there that the individual they determine they just cannot accept - he has been there once or twice before and they reached the point where they don't think they can help him, what are we going to do with that addict? How keep him from pushing this to other people? Stealing, robbing, and so forth? What are we going to do with that man?

MR. CREIGHTON: If he is addicted he belongs in jail.

CHAIRMAN SMITH: Yes, but what are we going to do? Change the addict statute and make it a penitentiary offense and raise the penalty on that?

MR. CREIGHTON: Mr. Chairman, I do think as I expressed myself yesterday that the long periods of confinement are going to eventually be the answer to a successful program, that a period of two years is little enough to confine a drug addict and expect to get anything from him when he returns to society. I feel that the man that violates after that should be permanently isolated, isolated for life.

CHAIRMAN SMITH: Do you think the juries will stay along with us or do you think when they find that this poor individual is having all these problems they are going to turn him loose if they are going to have to give him 1 to life?

MR. CREIGHTON: Naturally, from what I have seen of juries we are going to have a problem there, there is no doubt about that, but nevertheless I think the final answer is going to be in years to come, if not now, we are going to have to face permanent isolation on many of these cases. We have been striving for a long time to cure drug addicts. We cure them all right but immediately after hitting the street they are right back on the drug again, and I do feel that the long period of confinement, even in this particular bill that has been suggested by Mr. Daly, I think that the 90 days should be changed to one year. I should think they should be started off immediately with a long term, and the treatment could be followed through. Ninety days is very inadequate. Our law at the present time is inadequate because of the 90 days.

CHAIRMAN SMITH: It is simply there for the withdrawal period; that is the only reason.

MR. CREIGHTON: That is all it amounts to.

CHAIRMAN SMITH: That is correct. There is no possibility of curing a man in the county jail, we know that. You can't give all

those people psychiatric treatment in there, it has to be done some place else.

MR. CREIGHTON: I do feel that an attempt should be made to rehabilitate and out of all of them we could possibly get a few that may respond; to date we haven't had many. In the days of morphine we had maybe one percent to two percent. Now that we have heroin, I don't know of any cures. I have never heard of one, that is one that lasted for 90 days or over after leaving the institution.

CHAIRMAN SMITH: Now, Judge Turrentine you've got your feet wet here listening to us throw these things around, what do you think on this problem?

JUDGE TURRENTINE: I don't know what words of wisdom I can give you. I think you have an economic problem as well as a medical and also as well as a law enforcement and behavior problem to deal with. I, personally, don't believe you are going to get a new hospital to start with. I mean that because I don't think the Legislature is going to put out ten million dollars for any such project.

CHAIRMAN SMITH: I think it is going to.

JUDGE TURRENTINE: All right. Now, the next thing is this. I think it is a special group which deserves treatment different than the ordinary criminal, and I think that can be started under present facilities, under an economic program which will pass the Legislature similarly to the way we started out with the sexual psychopath. If when you started that program you had asked for a ten million dollar hospital they would have laughed at you, but handling it first through the courts then into the mental health department in a combination with the Department of Corrections you got a start. Now, I don't say

it didn't cost anything, but you have your hospital facilities for the start, you have your psychiatric service for the start, and you have your medical facilities and you have your penal facilities already in existence from the start, and as a matter of fact it wouldn't involve any more men than you now have in the hospitals, it would transfer them out of the hospital or the new ones through existing facilities could get started and it wouldn't be too much of an expense. I don't know what the psychiatrist or mental hospitals can do in this case; I don't know that they know, but they are willing to try and I'd say throw them the ball for a while under the conditions that if they make good all power to them, and if they have the ball and can't carry it across the goal line, fix it so we can take it back where the other law enforcement agencies can handle it. Now, that is in effect what you have done with the sexual psychopath. I think that is the only practical approach at this stage. It may become later on that you can establish independent facilities, but I think that is out of the question.

Now, on this Federal level, while the speaker said he didn't know of any state commitment, our county has had one juvenile and one adult go to a federal institution on a voluntary commitment as a condition of probation. I have had others accepted without any trouble, the fact is by telephone communication with the director of the institutions. Had one a short time ago, but it worked out that I could place them in a local rest home under a one hundred percent control environment for a period of time I thought adequate and then put them on ten years probation after that because I could make two pleas of guilty run consecutive. Of course, five years would be the ordinary term of probation. So that couple went to Patton and

they said that in three and a half months they were cured or that they couldn't do any more for them and they should be tried on the outside. I couldn't go along with that because I didn't think they should be out of a controlled environment on their own for at least a year, so I made the rest of the year in this rest home where they can't get at the narcotics. I don't think you will have any trouble with the Federal system except this - that they dictate who they will or won't take. The local authorities cannot say you have to take this type of a person, and that stops us in a number of cases, not always. They also can throw them back on us at will, therefore I think it's advisable to have that facility where they will take them. I think you ought to have a medical facility in this state, and I think the only way you'll get started is through existing facilities similar in nature to the sexual psychopathy law. I want to say this - I think that whatever you do you will have better control, I won't say it will solve the problem, but you'll have better control of these people when they are released on extremely long time of probation. Because then you can require them to live in an environment which is not conducive to repetition in the use of drugs. You can require them to stay away from the criminal or fringe area, and you can take up where you left off if they violate that. We've had this result in many of the similar types of cases, alcoholics, sexual psychopaths and so on, when they are under probation they do react to a rehabilitation program better than when they are on their own. They first got in trouble because they couldn't intelligently use their free time or wouldn't do it. Now when they are under probation they haven't this free time to do as they please, they still must respond to the extent they don't use

the drugs or get back into an institution. So I think that is your practical approach to it, and I have no objection, I think it would be a good thing to have the psychiatrist work on it, but I wouldn't make it a one man team. I'd say go to it as long as you make good go ahead.

CHAIRMAN SMITH: Well now for a practical approach, in order to place them in a state institution, we are going to have to do it through the Superior Court or else change the law and let the municipal court do it. How are we going to do that?

JUDGE TURRENTINE: Well you just give the municipal court authority to make the commitments to the state institution as a condition of probation, that's about all you could do there. The next thing you could do would be make the second offense a felony which would automatically put it into the superior court, and I don't see any objection to making the second offense a felony, I think it should be. Then of course you could follow the hearing, a placement there for study, their findings and more or less permanent placement if that is the right thing to do. Personally, on the sexual psychopath, when they are returned as cured by the state hospital, I don't send them back to criminal court unless they want to go, I give them a suspended commitment to Terminal Island. And I just had one break down on this suspended commitment who will go to Terminal Island pretty soon after three years at Norwalk under treatment, and he'd rather go to Terminal Island than be returned to criminal court.

CHAIRMAN SMITH: Well would you make the second offense a felony right in 11721 or would you write a separate statute?

JUDGE TURRENTINE: No, I'd put it right in 11721 so you

know it is right to start with and everybody else knows what it is.

CHAIRMAN SMITH: Well then when's the prosecutor going to know that? After he gets a make sheet or in other words when they pick up an addict and file on him he may walk into court the next day and plead guilty and go on to a county jail and get his ninety days.

JUDGE TURRENTINE: You can handle that by your requirement for finger printing there with the state and Federal I.D. and get it cleared there.

CHAIRMAN SMITH: Then it would just leave the City attorney's office and go to the district attorney to file on it?

JUDGE TURRENTINE: You could do that or the city attorney can get the -

CHAIRMAN SMITH: Wait a minute now. I want to get this on record. Grab that other gadget.

MR. REDWINE: We have a somewhat similar situation now. Petty theft of course first offense is a misdemeanor, second offense petty with a prior is a felony. You might always have the problem of second offense of ascertaining and being able to prove the second offense, but I don't think you would have any difficulty at all if the second offense or third offense was made a felony in obtaining the conviction. People lose sympathy with any second offender on drunk driving or any other type of crime.

CHAIRMAN SMITH: Well now what do you think about the second or on the first letting to to the municipal court with authority to send them to Mental Hygiene? As suggested here by Judge Turrentine?

MR. REDWINE: As a term of probation?

CHAIRMAN SMITH: Yes.

MR. REDWINE: I think it might be very advisable.

JUDGE TURRENTINE: I think you can with the sexual psychopath, at least for the preliminary study.

MR. REDWINE: I think it would be very advisable and I'm satisfied in a number of cases our local judges would take advantage of a situation like that. They realize at the present time that all they can do is to send an addict to jail, but if there was any other answer to it, I'm satisfied that all of them would take advantage of it.

CHAIRMAN SMITH: Would you feel now that if they did something with these addicts, particularly the person just is in and out, in and out, and gives you trouble and even attempts to take it into the county jail through rubber finger or other things like that, I understand they may be using, do you think if we figure out some way to salt that fellow away we'd get someplace in this problem?

JUDGE TURRENTINE: You mean salt him away permanently?

CHAIRMAN SMITH: Well I mean do something with him.

JUDGE TURRENTINE: Well, I think a lot of these permanent addicts, I think that's probably the only answer to it. I think some of them, if they are caught soon enough, I think they can be broken of the habit. Now I'm not a medical man, I'm not a narcotic enforcement man, but I know that's the thought of the average person.

CHAIRMAN SMITH: Now Mr. Creighton suggested this drug that they can tell whether they can use on the probation. Now what kind of a problem are we going to get into from the standpoint of making a man testify against himself and so forth? Where are we on that?

MR. CREIGHTON: As I mentioned a few moments ago, Alameda County is setting up this program. There is a similar program on a smaller scale in effect at the present time in San Joaquin County, and the doctor in the county jail there is using this drug nalline. One of the terms of probation that the court specifies is that he shall submit to the use of this nalline when he returns at a given time. Now they have overcome any problem relative to testifying against himself by making it one of the terms of probation.

CHAIRMAN SMITH: Oh no, not really. That done on appeal?

MR. CREIGHTON: No not yet.

JUDGE TURRENTINE: Sure he can reject probation. It's a matter of choice with him. You can put any condition in probation.

CHAIRMAN SMITH: Even that?

JUDGE TURRENTINE: Anything you want to because he has the right - any order you want to in probation for this reason, you can't enforce probation on that, he has the right to accept or reject, and if you put it in there and he rejects it, all you can do is revoke probation.

CHAIRMAN SMITH: Then we will have to get every municipal court judge in the State of California familiar with what this is all about won't we?

JUDGE TURRENTINE: Oh yes.

CHAIRMAN SMITH: That will take 6 months or a year.

MR. CREIGHTON: Well it has been working well in that one county down there.

JUDGE TURRENTINE: It's the law - they are presumed to know what it's about.

MR. CREIGHTON: They have been using that in San Joaquin

County for several months now and it has proven very well. This Merck Company, who puts out this nalline, has agreed to supply nalline free to the Alameda institution in cooperation, and I believe they are supplying it free to the San Joaquin County courts at this time, or the San Joaquin County sheriff's office. This Company, Merck, is very very cooperative, they are willing to help in every possible way they can. It's a matter now as far as Alameda county is concerned, of raising \$50,000 on the State's end of it, the Attorney General's end of it. Alameda county has appropriated, I believe, I'm not too sure of this, a \$50,000 bill to take care of the county's part. They are going ahead very definitely on their own if the Attorney General's office does not enter into it.

CHAIRMAN SMITH: What do you mean does not enter into it?

MR. CREIGHTON: Well, that is if we can't raise the money. If we can't raise the money they are going to handle it on a county level very definitely. I was wondering, Mr. Chairman, if at this time it wouldn't be well in as much as Judge Turrentine has the floor, to give us some idea as the problem exists in San Diego County relative to 11721. You recall yesterday we had hopes of Don Keller being here.

CHAIRMAN SMITH: Don called me this morning, and hopes this smog of Los Angeles clears up in San Diego. He started out this morning and said he couldn't drive there's so much of it down there, he said he would be here this afternoon, and if he does I'd like to have him take up 11721 and another problem. Don has another problem now about anybody that is under the influence, what we can do where they go over to Tiajuana and have the drug administered and are -

CHAIRMAN SMITH: Under the influence but not an addict. He can't catch them by the addict thing, what's he going to do under that?

MR. CREIGHTON: I think the Judge can give you something on that.

CHAIRMAN SMITH: I think Don will be here this afternoon. I'd like to have him present it. If he doesn't Mr. Roger and the Judge will do it this afternoon. I want to get an answer out of you boys on this hospital, and what we are going to do, and what I'm going to ask for for money, where we are going to go when we get back up to Sacramento. Mr. Kuns are you taking enough notes so you can write all these bills for me?

MR. KUNS: Why don't you ask some of these other people who spoke first to criticize our suggestion to get a start with existing facilities as we did with the sexual psychopath. I don't know, that's my suggestion, and may think it's good or bad, I don't know.

CHAIRMAN SMITH: Now how about it Dr. Fuller. Let's ask you whether the department of Mental Hygiene and Leigh Deming here - I know what your budget problems are and how tough it is, so give us your ideas will you?

DR. FULLER: Well, Mr. Smith in the first place psychiatry cannot stand alone. Psychiatry can participate in a program that involves law enforcement and social agencies and community clubs and a thousand and one other forces that must be brought to bear on the rehabilitation of the narcotic addict or any other criminal or potential criminal who is either on probation or on parole. Specifically as regards to the hospital which insofar as it is

concerned with this dead ender type of incurable person, I have always been stopped short by the numerical problem that we are dealing with. How are we going to get enough facilities, enough institutions, enough camps even if we talk of making the addict and the sex criminal self supporting in a camp type of institution such as the Alameda one, where are we going to get enough facilities to house this rather alarmingly large group of people? It seems to me on the other hand that some such proposition is the only way that they can be handled. I mean again the dead ender type of incurable person that we want to keep off the street. Keeping him on an indefinite sentence is going to present some problems that are going to take the very best consideration of the very best minds to solve, and one that alarms me most again, I repeat, is the numerical magnitude of the problem, the number of addicts and the number of the sex psychopaths who must be kept to a degree out of circulation because they contaminate or are dangerous to the rest of society. There are two things, it seems to me, to diverge a moment to another part of the problem, that have to do with prevention. Now there is a hopeless sort of a give up vein that permeates the discussions here about both prevention and treatment. Now as far as treatment is concerned we feel that one percent or two percent or three percent of addicts are permanently cured. That is of the type of addict that is sentenced and finds his way into a public institution. I'm not talking about the private and sometimes accidental addict who takes care of himself or whose friends take care of him on the outside. I mean the addict who has committed a felony and has been convicted of a felony and sent to a penitentiary. Now he is a very difficult person to treat, psychiatry cannot treat him alone. We don't know how to treat him and we don't know when he

is cured, and that applies also to the sex offender as well as the addict, so in both of these fields we need research, we need more and more research. Our research will pay it's way eventually, I am very certain. As regards to the other horn of this prevention dilemma, the prevention of the importation of drugs, again there is a hopeless vein going through the reaction to it that we don't have enough customs inspectors, the customs inspectors are interested in getting only those things that pay back when they are discovered, such as diamonds and so on, and not interested in narcotics which don't pay back a dividend when caught, when discovered. It seems to me that we should not be hopeless about this business of getting these things over the border, and we should continue to try and devise new means, and it occurred to me just yesterday that one way of doing it might be to develop a sort of a flying squad made up of perhaps not more than a dozen people who one day would be in the port at San Francisco and the next day would be on the Mexican border and the next day would be in the International Airport, making thorough searches of a portion of the traffic that crossed the borders. It is, I think, very true that it is not the severity of a penalty as has been said, but the sureness of apprehension and conviction that is going to have most effect upon the dealer. And if a dealer was confronted even with a spot check that was a thorough spot check, I think it would have a very salutary effect upon him.

CHAIRMAN SMITH: Yes, Inspector Etherington. Etherington of the San Francisco Police Department.

MR. ETHERINGTON: We've all thought of our attitude towards the addict and thought has just occurred to me of stories I've heard through my years as a police officer of the addicts attitude toward

us, society. I've discussed these conditions with addicts over the years in the form not of a psychologist toward a prisoner or any of those things, but as a prisoner to a police officer, as from an informer to a police officer, as a patient to a police officer, and the answers that I've gotten have resulted rather to the dim side of them wishing to help themselves. We all know as everyone knows everyone wishes to help the addict except peddlars and the communists and very other few people. Many times the police officers are saddened by the cases in which they have to make arrests, they are pitiful cases. Some attitude is that a policeman just walks up and callously throws some person in jail. No one knows of the many times a policeman, in violation of his code of ethics and his oath of office, finds such pitiful cases that rather than take the person in he just quietly closes the door and leaves that person there so that he will not suffer further. As I say, it is unethical, it's practiced occasionally and from a humane standpoint. So the police attitude where the big brother wished to help the weaker. Now on discussing these cases and situations with addicts, I have asked them personally when they get out of Lexington and previously when Spadra was in force, why they went back to addiction. And some of their answers were as I will mention, I say, "well when you get out why do you go back to addiction?". Their answers, most of them, and generally speaking, they will say, "well when you go back to legitimate business there is very little money in it and there's big money in prostitution, gambling, stealing, strong arming, burglary, you can't make five hundred dollars a night standing eight hours a day on your feet as a drug store clerk, or as a shoe salemen, that's for the birds." Then when they get out one of their greatest failures on top of the

big money that is involved in the line of activity which they so selected, the illegal activity, is their reversion back to their old associates. And another thing is the re-living of the joy he once knew as a user. He wants to enjoy that old thrill again. Now then when I ask them "well why did you go to a hospital instead of jail", they all agreed "well it would be easier when I have a selection of going to jail or going to a hospital, only a fool would ask for a jail sentence when he could go to Spadra". I speak of Spadra now. Now the lack of sincerity that is shown on the addict I think is the cause of this failing situation rather than lack of sincerity on any law enforcement agencies or in the methods of psychological control. Our problem is not our helping them. Our problem is them wishing to help themselves. Now as to statements that are made no prisoner feels that regardless of his crime that incarceration is proper. Everyone feels, and you can go through penitentiaries, places of other institutions where there is a penal servitude, and they will all tell you that they are in there on a bum beef as they say in underworld vernacular. Very few if any will confess that he belongs in a penitentiary. He will always tell you he got the bum breaks, that others get away with it and it was just his misfortune to get caught. He vindicates his actions by the fact that in the illegal world it's only a dumb person who will work legitimately. Now when these men are in the penitentiaries they will tell doctors and psychiatrists stories other than are told to police officers, and therefore also lies the differences of opinions which we are all hearing here at the present. The basic problem is to bend backward psychologically this addict to the time when he first started to deviate from a normal way of living. That dates back not just

3 or 4 weeks before he took his first shot. This situation took place in that persons mind years before, but sometimes through just lack of courage, lack of conditions and lack of situations where he would be placed in a field where he could get narcotics, he has been working on that situation sometimes indirectly and unknowingly since his childhood, due to social conditions in which he was raised. Now there's where we have to bend these people backwards psychologically, not dealing with the thoughts of bending them backwards for maybe two weeks before they start using. Now in during the time Spadro was in existence, I think the figures will bear out that an addict cost the State of California between \$700 and \$800 for a period of incarceration of I believe eight months. Now if that same situation, or one like it, is instituted it will run undoubtedly, due to the rise in cost of medicines and personnel, approximately \$1,200 to \$1,300 just roughly speaking per patient for an eight month period of hospitalization. My thought in this matter is that due to the present severe sentences which the present legislature has envoked upon law violators, this situation in a period of time will balance itself and tend to lessen addiction as our figures from the official files of the San Francisco police department reveal, if we are to believe things statistically, that there is indications of the lessening of this condition at the present time. Our peak year was in 1953 when I believe there were 827 arrests made. Since the severe sentences have been invoked our figures have dropped down and noticably approximately - a minute will be allowed me please -

CHAIRMAN SMITH: Take your time. We'd like to have any figures in the record that you have. We won't have a hearing at San Francisco, we'd like to get them here. Incidentally while you

are waiting, Mr. Holland, assistant Deputy Attorney General, is in the audience now. We are glad to have you join our round table Mr. Holland. After lunch we will find a seat for you here.

MR. ETHERINGTON: The correct figures, sir, are the year of 1952, 827 arrests were made in the San Francisco city and county. In 1953 600 - I wish to make a correction - in 1952 was our peak year of 827 arrests. In 1953 it dropped down to 657 arrests. Now, in 1953 our severe sentences were starting to show affect. It's a little early but so far the indications are that during the 7 month period of 1954, from January 1st until July 31st, arrest records shows 274 persons arrested. Now if we'll just do some little reckless figuring here, come up with an approximation for the year of 1954, if the situation remains as it has been for the last 7 months, we should show 468 plus arrests, which is a great reduction in arrests from the year 1952, almost half. There's indications that show that this lessening of arrests are not due to lack of law enforcement, which is still as persistent as it was in 1952, there is still the same cooperation between the Federal Narcotic Bureau, the State Narcotic Bureau and the San Francisco Police Department. The same vigilance and the same eagerness is applied in 1954 as it was in 1952. With these figures in mind, and the indication statistically that the conditions are lessening and the two reasons are, general consensus of opinion is, that due to severity of sentences and severity of law enforcement coupled together has created this condition of lesser arrests, not that we are to be rocked to sleep by an figures statistically as we all know can be badly kicked around and misconstrued. But these are official records in the San Francisco police files. If this condition is true throughout the State, that should

in time somewhat balance the situation regarding hospitalization of addicts to this degree, that if with severe sentences we are having people leave the state or divert their illegal activities into the field of other crime, there should be less addicts and less peddlars as time goes on with these severe sentences that are now in force. We are not going to stop him from doing that, but we're going to stop him from these indications so far from being a peddler if he selects to make easy money. We're going to change him from a dope peddler to probably a burglar, murderer, car thief, hold up man, he'll still, due to his own choice, wish to be in illegal activities but due to the severe sentences we will cause him to cease to be a peddler as long as he chooses to be a person who wishes to live the easy way. I think that sums it up.

CHAIRMAN SMITH: On those numbers of arrests does that include everything in the health and safety code including addicts, possession sale, or do you have any break down on that line?

MR. ETHERINGTON: Yes we have the vag addiction break down, sir.

CHAIRMAN SMITH: Is that included in the eight hundred and something in '52?

MR. ETHERINGTON: Yes sir.

CHAIRMAN SMITH: In other words all, overall.

MR. ETHERINGTON: Yes. That doesn't mean there are 827 persons arrested as sometimes a person can get arrested twice. There's not 827 violators, there's probably, maybe, 700, just as a rough figure, maybe seven hundred and fifty and the balance would be the same person as a repeater, sir.

CHAIRMAN SMITH: I appreciate it very much Mr. Etherington.

I know Don Redwine has a separate problem that he's staying around here, he wants to give to us. We want to get to this San Diego problem, we want to finish up this hospital and come to some conclusions on it. Mr. Deming, you are going to give us the first thing when we come back here so we are going to find out where we are going to put these people, if we are going to put them, and how you are going to be able to handle them, how much it's going to cost you. You might as well put us right in the spot because we are the ones that are going to have to help you. I want to go into statistics here. Mr. Beattie's down from Sacramento, I want him to explain his statistics. Did you fellows from the L.A. Police Department, did you bring some statistics for us? Reports, did you? Good, we want to get those in the record, and finish up on this. Mr. Holland I guess has something. Another Doctor here. And I would like to have you give a little thought to this change in the sex laws from this standpoint whether or not this vag section should be changed as you and I were talking about once, Don, and whether or not under the Sex Registration Act we ought to knock out one of them, I don't know whether it's the vag or 647A or B or which one it is that seems to be possibly causing some little unnecessary registration there, I don't know whether it's a person hanging around loafing or how that was, it has slipped my mind now, but we discussed it one day so will you bring that up this afternoon so we can get a consensus of whether we want to change that one? And I think that will give us an idea. Now can you ladies and gentlemen get yourself a sandwich and be back here by, say, 1:15 so that we can get you home. That will give us little over an hour here to go across the street or something, because I want to finish up this afternoon, I want to get some answers.

Yes, did you want to say something before we adjourn, or did you want to talk to me?

MRS. FARRIS: Question. I have heard so much here about the year or 18 months or two years in jail. What treatment do these boys receive while they are in jail?

CHAIRMAN SMITH: I think that would be a question that may be you ought to sit down and talk to me and a couple of people here. We'll go into that after lunch.

MRS. FARRIS: There's another thing, after any one has once been arrested they are called a criminal. They are an ex con if they once have been to prison regardless of what they have done or how they feel and that is the first thing I think a person resents, and they can't get a job, they're an outcast. What are they going to do but go back to their old faults and go back to prison? That is, I think, one of the most important things. I've been arrested three times, I've been in psycho, I don't feel that I'm a criminal. I've been called one, I've been called a lot of things. Of course my Mother was my boss. There was no one to interfere with me when I was growing up. Otherwise I don't know what would have happened to me.

CHAIRMAN SMITH: We appreciate it Mrs. Farris. Now you understand that the purpose of this hearing is to find out what we as legislators can do from a standpoint of passing laws.

MRS. FARRIS: Yes.

CHAIRMAN SMITH: Now what anybody calls you or anybody calls anybody else or any local treatment or those things, that is without the province of the legislature. We want to see that we can do everything that we can from passing laws or amending or

changing laws. And I'm sure you understand that.

MRS. FARRIS: Well, as far as I know these boys are put in jail and they are just there all day. They have nothing to do.

CHAIRMAN SMITH: I think that's right. There's little to do in jail.

MRS. FARRIS: There is no treatment. What good- they are aggravated, they are mad, their rights were taken away from them and well it just isn't right to my way of thinking.

CHAIRMAN SMITH: May I suggest that you discuss it with me. I'd be happy to talk it over with you and get your ideas for the record.

MRS. FARRIS: Thanks.

CHAIRMAN SMITH: Thank you very much. We will be back here at 1:15, and be here in your seats boys.

LUNCH

CHAIRMAN SMITH: We lost some of the people on the west end here. We are going to go ahead anyway.

MR. DALY: Mr. Chairman I would like to adjust the record. I'd like to mention that Mrs. Ralph Lewis, who is the immediate past president of the Parent Teachers Association of California, is here. She is also a member of the Citizens Advisory Committee to the Attorney General on crime prevention, and participated in the studies that resulted in the report under discussion.

MRS. LEWIS: Mr. Daly may I correct for the record, I'm past president of the California Congress of Parents and Teachers just for the Los Angeles 10th District.

CHAIRMAN SMITH: Past president of Parent Teachers of Los Angeles.

MRS. LEWIS: Of Los Angeles. That's right.

CHAIRMAN SMITH: Where do you live Mrs. Lewis? Some place where I can communicate with you.

MRS. LEWIS: 10321 Dunleer Drive, Los Angeles, 64.

CHAIRMAN SMITH: Thank you. There's a lady in the audience here that has a statement that I'd like to have her read to us and we'll place it in the record if we may. Give your full name and your association for the benefit of the record please.

MRS. HOSKIN: I am Mrs. G. J. Hoskin representing Miss Wynona McQuire the State Legislative Chairman for the American Association of University of Women. The California State Division of American Association of University Women recognizes that the narcotic problem is both a problem of law enforcement and a community problem of removing or reducing the causes that contribute to addiction. We favor such legal penalties for narcotic offenses as are realistic and consistent with successful conviction, effective enforcement, and prevention. We commend the growing awareness on the part of legislators that narcotics addiction cannot be dealt with merely on a punitive basis. We believe that emphasis should be upon individual diagnosis, early treatment and rehabilitation in cases where such measures seem hopeful of success. We realize that assessing the nature and size of the narcotic problem that may exist is a problem for experts and we commend the efforts of the assembly subcommittee on narcotics in it's attempts to secure the opinion of responsible authorities and groups as well as it's attempts to obtain good legislation. We commend the effort of the Attorney General to obtain responsible and varied representation on his advisory committee, and further recommend that careful study be made of the information and recommendations set forth in the report on narcotic addiction to the

Attorney General by the Citizens Advisory Committee March 26th, 1954.

A program of prevention poses an even more difficult problem than that of law enforcement, since here we are dealing with the complexity of social conditions that have resulted in deep seated personality maladjustment and emotional conflict, we cannot of course include in this statement all factors that influence human growth and neither do we propose that legislators can legislate out of existence all universal hazards. However, we believe that education and the dissemination of information serve a very useful purpose in prevention, and we approve the successful efforts of the legislature in 1953 to broaden the wording of the Education Code so that more appropriate instruction on narcotics can be given in the public schools. We believe that such instruction should be based on factual and authentic information concerning the use of narcotics and hypnotic drugs. More over we approve sufficient appropriations to the State Department of Education as will enable it to furnish up to date study materials and visual aids to both high school and adult groups. We believe the Department of Justice and law enforcement agencies should also have sufficient funds to disseminate information. The American Association of University Women has been especially concerned over a period of years with those community programs that make the greatest impact on the growing child and relate most directly to his healthy personality development. We are especially concerned with the child's development in school. We realize as set forth in our statement at the recent Senate Interim hearings on child care centers that the pre-school age is an especially significant time in the guidance of personality development in the prevention of trouble. We are further concerned with the attitudes of juvenile courts and law enforcement personnel

toward first offenders, and we recommend that juveniles and young addicts be treated more as ill persons than as criminals. We are further concerned with proper community resources and facilities that make provision for the leisure time activities of young people. We are keenly aware that such programs cost money, however, we feel that the immediate financial outlay for such programs is small compared with the tremendous social and financial cost of correctional institutions, mental hospitals and crime detection. We consider the initial outlay for such preventive programs a sound business investment that will yield rich dividends to the State of California in the future.

CHAIRMAN SMITH: Thank you very much Mrs. Hoskin. Mr. Ronald Beattie is down here from Sacramento to prepare the statistics here of California offenders. I placed them into the records yesterday as an exhibit. He has to take off before too long and I would like to pass around a copy of these and give Mr. Beattie a chance to explain to us the statistics in here so we'll have more benefit from them. Does everyone have a copy of this? All right, Mr. Beattie.

MR. BEATTIE: Mr. Chairman we have in California a Bureau of Criminal Statistics. For several years the Bureau of Criminal Statistics has had developed the reporting of criminal offenses on the felony level throughout the State, so that today we receive reports on all felony crimes and on all arrests from all of the law enforcement agencies of the state, police and sheriffs offices, some 375 agencies. We also receive complete reports on the outcome of all cases, all criminal cases, prosecuted in the Superior Courts. From these source materials we have prepared at the request of the chairman of this committee such data as we had on the felony narcotics offenders. In addition to serving the Department of Justice in this

respect we also act as a statistical agency for the Department of Corrections and the Adult Authority, and have complete files and complete statistical information on all persons committed to prison and handled by those two agencies. We attempted in this series of some 8 tables just to give basic information as we had it. This system has been effective with complete coverage since just about the first of 1952, so we have gone back and carried the last 30 months and in the first four tables have divided them into five successive 6 month groups. As a result we have given you on the first four tables the data at four different levels. Table one is the total felony arrests reported, total felony bookings on narcotic charges by the police departments and sheriffs offices of the State. We have picked out the four major counties because they carry between 80 and 85 per cent of all the offenses, narcotic arrests, and given you another 8 counties that are the next largest group of arrests. Then we have shown at the foot of each of these first four tables the rate per 100,000 population so you can get some idea of the rise and fall of these figures with relation to the population of the counties involved. The first table just covers total arrests, total bookings. Then we decided in table two to give you the total number of persons in which a felony complaint was actually filed. Now there is quite a difference between booking, first booking with the police department and the number that are actually complained against in court at preliminary examination. And so table two is based on the number of persons who appeared presumably for preliminary examination on felony charges. And table three takes the level of the persons convicted in the superior courts during this thirty months period. And finally table four, just to keep the comparison, shows the

number that were actually sentenced to prison on felony charges. Now in these tables, I say you can just note this background material, it's obvious that the last three - the last six months there was somewhat of a decrease in the total number of arrests, and in the total number of persons appearing at preliminary examination, but that has not as yet reached the superior court stage because the number convicted in superior courts in the first half of '54 was still higher than any of the preceeding half year periods. We just think that you'll have this as general information if you may want to refer to as to what the level of arrest and prosecution is on the felony level. Now this doesn't take in addicts, those under Section 11721, because we have been unable, and I think you can see why, to collect state wide statistics on misdemeanor level. We are trying first to get our complete coverage on a felony level. And table five just for the curiosity of showing relationships of the total arrests to what happened later, we've given a ratio where in the first half of '52 there was twelve prison sentences to every hundred arrests for that period it was fourteen in the first half of '54. In the sixth table we show you what happened to those people who were charged in the Superior Courts with felony narcotic offenses, that is possession and sale, and transportation. What happended to them after conviction, you will note of course there were very few placed on probation during the first three periods indicated because probation was prohibited, except in certain rare instances. In the last two half years I believe this, the probation for first offenders became effective again in September of 1953, you see porbation has picked up and jail has gone down, as that alternative sentence. Then in the last two tables we have merely shown, we thought it was of

interest, we had access to the Federal Court figures from the Administrative office of the United States Courts, we had our own figures for the California Superior Courts to show what the sentences were for two comparable fiscal years, and finally in table eight we show what the length of prison sentence is for those who were sentenced to prison. Now that just picks up those actually sentenced to prison for both the United States Courts in the two California districts, and, of course, in our system in the State, the California Adult Authority sets the sentences in all cases under the Indeterminate Sentence Law. So we show there the sentences that were set by the Adult Authority for the two comparable fiscal years for those persons committed to prison. We have prepared this in the hope that this general background may be of use to this committee. If there are any questions on it, I'll try to answer them.

CHAIRMAN SMITH: Mr. Gentry, you presented a question yesterday. Do you want to repeat that now that Mr. Beattie is here?

MR. GENTRY: I haven't discussed this with Mr. Beattie other than at the particular moment in which I'll again raise the question, and I believe that my theory that I raised yesterday is correct on this matter. The California Adult Authority fixes the indeterminate sentences in the state prisons, and of course the average sentence as shown in Table 8 is that of those offenders that have been sentenced to the state prison system. It does not take into consideration the convicted individuals for either sale or possession of narcotic drugs which have, by Superior Court sentence, been confined in the county jails. And I believe when we take those sentences and add them to the other sentences that you will find a vastly different average than the one reflected here. I didn't mean

to state it critically from the standpoint of the statistics but I wanted the Legislature -- I felt that they should have that matter before them and in considering the situation - the true picture rather than the statistics of only the prison system, exclusive of the jails.

CHAIRMAN SMITH: Is there anything else you want to say Mr. Beattie?

MR. BEATTIE: No. I don't. Of course, obviously those who were sentenced to jail for the most part were sentenced for periods probably from six months to one year.

CHAIRMAN SMITH: Anybody have any questions they want to ask Mr. Beattie on these statistics? Judge Turrentine.

JUDGE TURRENTINE: Could I ask direct to Mr. Beattie?

CHAIRMAN SMITH: Yes. Please.

JUDGE TURRENTINE: Can you make any classification or difference or show any statistical figure in relation to those cases which are filed on as felonies, convicted as felonies, and made misdemeanors by virtue of the sentence imposed by the judge to the county jail?

MR. BEATTIE: Yes, we do. As a matter of fact, practically all of these that are shown as jail sentences are persons who have probably pled guilty to possession or sale.

JUDGE TURRENTINE: Of a felony?

MR. BEATTIE: Of a felony.

JUDGE TURRENTINE: And then the misdemeanor is made by virtue of the judge's act.

MR. BEATTIE: That's true.

JUDGE TURRENTINE: Thank you.

CHAIRMAN SMITH: Any other questions of Mr. Beattie? We appreciate all the work your department went to on these, Ron. Just for a little relaxation here, before we get back to our big problem, Mr. Redwine has a particular problem. Don, do you have a copy of your proposal that you gave us? Would you explain that for the record?

MR. REDWINE: We had a very recent department of the Superior Court opinion here that came down on May 21st of this year, construing -- going to the 4163 of the Business and Professions Code, which deals with the unlawful possession of hypodermic needles or hypodermic syringes. As our appellate court construed that section, and I think they construe correctly, this matter arose in a Pasadena case, they put the burden of proof on the people in proving that the defendant was not lawfully in possession of the hypodermic device, whatever it happens to be. Our proposed change is an amendment to section 4163, which will make it operative from a prosecution standpoint, and also adding another section which includes certain existing provisions in Section 4163 of the Business and Profession Code to which our court took exception. I have a copy of the opinion here. If you think it necessary I can read certain portions of it. A court, in passing on this case, said:

"If the complaint states a public offense, it is because of those words found in Section 4163, Business and Professions Code. The possession on any person of a hypodermic needle or hypodermic syringe which has been obtained contrary to or in violation of many of the provisions of this chapter shall constitute a misdemeanor. One will look in vain for any provisions in the chapter that deals with the manner of obtaining one of the named articles. If, however, the restrictions governing the sale of the articles are to be read as providing restrictions, as to the manner of obtaining same, then we are faced with the fact that the

people produce no evidence whatever other than the defendant's not very ingenious explanation made at the time of his arrest touching upon the manner in which the defendant has obtained possession".

I will skip down here to another portion.

"By the test of convenience, therefore, the people, not the defendant, are in the best position to prove what the records show."

Now they are referring there to this, we note first of all that the Code requires that the record book of Section 4161 and the prescriptions of Section 4165 are to be kept available to the people, which would throw an absolutely impossible burden on the people to prove that that book was not properly kept and this hypodermic needle, or which ever device it happened to be, was unlawfully held by the defendant. Our proposed amendment, which has been presented to the committee, merely amends Section 4163 to read as follows:

- (a) "It shall be unlawful for any person to have in his possession or under his control any hypodermic needle or hypodermic syringe.
- (b) "The provision of this Section shall not apply to persons who have acquired possession and control of a hypodermic needle or hypodermic syringe in accordance with the provisions of this Code authorizing and regulating the sale, possession, and use of such needles and syringes."

Our other sections merely list certain provisions out of the existing section and will read as follows:

"Any person obtaining possession of a hypodermic needle or hypodermic syringe by a false or fraudulent representation, or design, or by forged or fictitious name, or contrary to or in violation of any of the provisions of this chapter shall be guilty of a misdemeanor."

CHAIRMAN SMITH: Now did everybody hear that?

MR. CREIGHTON: Well, there is a provision set forth in the Pharmacy Act, and I don't know if there is anybody here from the

Board of Pharmacy or not. I think you talked to the fellow about that.

MR. REDWINE: We did at the time the opinion came down.

MR. CREIGHTON: Mr. Hefferin of the Board of Pharmacy -

CHAIRMAN SMITH: Well we'll have to check for that, but I wanted to get a consensus of whether anybody here at this hearing has any reason to object to these changes.

MR. REDWINE: No, I haven't.

CHAIRMAN SMITH: If they don't we are going to come out with one agreement of a bill we can put in next time then. Don, while you've got the floor, do you want to just briefly give us the changes in this Sex Registration Act that you suggested to me so that we can have those in the record?

MR. REDWINE: Well, yes, I'd be glad to. Under 290 of the Penal Code to which, as amended in 1953, certain offenses require registration under the state law. Certain other offenses not included in that, but a number do include it, are also included up here in our city ordinance requiring so-called convict registration. Section 290 requires registration and all violations of 647a of the Penal Code. 647a is divided into two portions, (1) which includes annoying or molesting a child under age of 14, I believe at the present time, 647.2 is loitering around a school ground. We find out in the big majority of our cases, we take no exception to 647.1, annoys or molests a child under age of 18, at the present time, not 14. We find out that in 647.2 there are some cases arising under 647a.2 that probably would require registration. The big majority of the cases that come to our attention, and I understand from other enforcement agencies throughout the State, are not offenses that should or in any sense of the word involve any sex crime or require any sex

registration. We have case after case come to our attention where a boy of 19, 20 or around there, will have graduated from a high school and goes back there to visit some friend, some student, and the existing law at the present time is 647a. It's come to such a situation in our particular location here that we try to find some other thing such as 415 or anything rather than require that type of offender to register as a sex offender and also get a record that will prevent him from ever entering into any profession. It will be a blot on his record throughout his whole life, and I think that Section 290 of the Penal Code should be amended to only require registration for violation of 647a.1 rather than include all of 647a.

CHAIRMAN SMITH: Any comments on that? Does anybody have any objection to that? I know most of you are primarily informed on narcotics. How about you Inspector Wisdom, have you any thoughts on that?

INSPECTOR WISDOM: No objection.

CHAIRMAN SMITH: I understand there may be one or two people in the audience here who would like to have a couple of minutes, is that true? Did you wish to say something to the committee?

MISS MORLEY: I've been wanting to hear this psychologist make his report first, because mine would go a little bit after his. I believe he's this man here, and I wanted to say that you cannot put anybody into an institution such as any kind of an institution who has been using narcotics, because you cannot cure them that way. Now I was picked up on mistaken identify and placed over in Norwalk. I was talking to the doctor over here yesterday. He told me he had been there 26 years, but it was in 1939 that I was over there and he wasn't there, so I was asking him about some of the cases over there.

He said he'd been there 26 years. Well, I said "I didn't see you. I was there 15 years ago and you weren't there then", and he said "Well, I'm an authority over there you know, I can tell and talk better than you can, he said, "because I have been there 26 years". I says, "You have, and the only things you see over there are charts over there, you never see the patients" I was in there for 19 months and I never saw a doctor once until I was out 2 years and went up to Mrs. Heffner's office, and I met Doctor Waite there. See, 19 months and never saw him there once. So he said he was here 26 years. That is not true. But that isn't what I want.

CHAIRMAN SMITH: Well that isn't within the province of this committee. We are on changes of laws from a legislative standpoint.

MISS MORLEY: Well that's a law you can change.

CHAIRMAN SMITH: We have nothing to do with changing that.

MISS MORLEY: Another thing. The thing to do is put those boys -- you cannot cure them. He said he turned them out in 90 days, but he didn't say they were cured. No he didn't. He said he turned them out. And that was all. Now we know you cannot cure them. I know I lived right with them. I asked the Doctor to let me stay longer, that's why I was there 19 months. I went into every ward over there in Norwalk, the very worst wards there were, and I slept right between those women, and they say "it's crowded." Yes, it was crowded then because we could touch each others beds like that, and I had two of the worst narcotic, ferocious women sleeping right between me. I had one on each side of me. Do you think those patients ever touched me? No, we were locked in there, and the attendants wouldn't ever come into that ward.

CHAIRMAN SMITH: Now let me interrupt you just one minute. I want to impress on you that we are here to determine what changes we can make from the narcotic standpoint.

MISS MORLEY: I know what you are here for. You had one of these same meetings not long ago, but I didn't talk then because I wasn't ready. Now let's get down to business. You can't cure those people and you can't make laws to cure them either. The only thing you can do is to put them out and work them good and hard. Put your Catholic priests in where those boys are working and work them to the limit. That's the only way you can do it, tire them out so they will go to bed at night. We had Christian Scientists and those were the only people that could enter Norwalk when I was there. They did good work but they only came once a week. Now my method is prayer. Nothing but prayer will cure those people. But you've got to keep your peddler away from them the minute they get out, because your peddler does not use narcotics. He doesn't drink and he doesn't smoke. I was over here in the police department a year ago. I was working with another little women in my neighborhood, but they snatched here and put her in jail.

CHAIRMAN SMITH: I'm going to interrupt you again. We have a long program here and I don't mean to be rude. Whatever suggestions you have for a change in laws, which is only --

MISS MORLEY: You can't change the law if you don't know what is causing all this stuff. You don't go out and live with those people. That's what I told the doctor over there. That's the only way.

CHAIRMAN SMITH: Do you have any suggestions?

MISS MORLEY: I'd put them out on a farm.

CHAIRMAN SMITH: Put them out on a farm.

MISS MORLEY: And work them.

CHAIRMAN SMITH: All right.

MISS MORLEY: But put it on a real business basis. Don't do like Judge Fricke was telling you yesterday how they go and get cured at Spadra.

CHAIRMAN SMITH: May I have your name and address for the record?

MISS MORLEY: My name is Miss Clara Morley.

CHAIRMAN SMITH: What is your address Miss Morley?

MISS MORLEY: 1630 Cortez Street.

CHAIRMAN SMITH: Now, we want to get back to Mr. Deming, or did you want to finish your presentation before we have Mr. Deming sum it up from the Mental Hygiene's standpoint first? Mrs. Lewis, would you make some comments at this time?

MRS. LEWIS: Mr. Chairman, I was not here this morning but I believe that Mr. Daly has explained that the Citizens Advisory Committee to the Attorney General did come up with certain recommendations, and he has also told me that he did not present to you any of the recommendations pertaining to prevention.

I have been particularly interested, of course, in all of this problem as it effects juveniles because there is controversy, perhaps, about the treatment of those who are already addicted. The eventual cure to this, of course, is going to be in prevention, and so we are very much interested in seeing what can be done to help young people.

When the committee visited Chino and San Quentin, we talked with a lot of young people over there. And almost without

exception those people whom we interviewed said that they had become addicted when they were in their teens. That is, they had been introduced to the use of narcotics when they were of school age. And almost all of them also said that they had started with marijuana and then had progressed to heroin, and, again, we were told by many of them that had they had any place to go, any institution, any resource committee, any people who could have given them advice when they were just starting on this business of using narcotics, they might have been considerably helped. But when a young person is introduced to marijuana cigarettes and then later on to heroin, they are not of a mind to go to their parents, most of them, and say, "I feel that I am developing a problem here and what can be done about it and how can I be helped." They don't go to their parents. They don't go to the police officer and tell him about this problem. Many of them have no religious affiliation, and so they do not go to their priest or their Rabbi or their minister, and they are placed in this position of having nobody to help them at that stage.

And so the committee has recommended, and we would like to bring to your attention -- we know that you already have copies of this report -- that recommendation which says "that the needed services which are now being given in nine California cities by the Department of Mental Hygiene through the outpatient clinic should be expanded." We should like to see this service increased and the clinic services extended so that other places have them. We should like to have many parents, educators, workers with youth, know that facilities of that kind would be available so that we could have these youngsters who recognize -- they are intelligent enough to recognize that they are developing something that is

going to be an illness and a sickness, disease, go to one of these clinics where they could get free service, because they can't afford to go to their own doctors even if the family has a doctor. In many cases, of course, the family does not have a family doctor, and the youngsters cannot afford to go and pay for this advice. But if they could go to an out-patient clinic of one of the institutions of the State Department of Mental Hygiene and be helped, we feel that many of them would be prevented from becoming really seriously addicted and this would be an economical measure because the ladies of the University Womens Association said "prevention costs much less in the long run than all of the expensive setting up of courts and mental hospitals and what not." We are strongly in agreement of course.

We do not agree with the last speaker that there is no cure. We feel very strongly that though law enforcement people have said in the past that hospital treatment has not been successful -- maybe it hasn't, because maybe it hasn't been good enough, but we deplore this defeatist attitude in saying that because at the present time we don't know enough, we are never going to know enough. We need the treatment but we need continued research, and I feel that we should have commitment of these addicts to hospitals and not to detention institutions of any kind -- prison or jails.

We would like, also, to emphasize the fact of the importance of education. The State Department of Education, of course, has in the Education Code provision for the inclusion in the curriculum of adequate instruction about alcohol and other narcotics. We believe that this education should be carried on by people who are properly trained to give it. We do not believe in glamorous, hysterical presentations of sensational films or

having any so-called former addicts go and talk to the children in auditorium assemblies. We feel this should be included in the regular curricula in the health classes, science classes, in home and family life education as it is currently set up in the State Department of Education curriculum. We recommend, however, to the State Department of Education that emphasis be placed constantly on those sections of the Education Code which carry these provisions, and we would urge the State Department of Education to see that local school systems do carry out these provisions of the Education Code.

~~Along~~ that line we would echo something that was also said by the lady from the University Womens Association, we recommend that the State Department of Justice receive adequate appropriations for the production and dissemination of educational and informational media.

One other provision that we feel is most important is that more and better guidance and counseling services, both psychiatric and psychological, be provided by the schools. Now, that is something that would of course not only help prevent this problem of narcotics but help prevent many, many other problems which face our youngsters in the schools from the elementary grades, from the primary grades right on through. If we could have better counseling and guidance services in all of our public schools, then we would be able to recognize the emotional and maladjustment problems which children have in early years and many of these could be corrected and prevent the very serious troubles that so many of our children get into later on.

Mr. Daly, I don't want to take the committees time in repeating anything that you have said today, but is there anything we brought out in the committee that should be said that you

haven't already told this committee?

MR. DALY: I would like to make one suggestion, Mrs. Lewis, and that is the thought of the committee regarding glamorizing or dramatizing too much to the youth.

MRS. LEWIS: Oh yes.

CHAIRMAN SMITH: Mrs. Lewis, for the benefit of the record would you tell us what report you are quoting from?

MRS. LEWIS: From the report to the Attorney General of the Citizens Advisory Committee to the Attorney General on Crime Prevention.

I think I mentioned that we feel very strongly that in educating children about this program, about this problem I should say, we do not believe in dramatizing or glamorizing it, in taking it out of it's proper perspective. We feel that this is only one phase of mental health and physical health and should not be picked out from the whole picture of physical and mental health and given undue emphasis, but should just be taken in due course along with all of the other problems. And, certainly, that is one reason why we feel that the kind of thing should not be repeated that was done in this County two or three years ago when the public first became hysterical about the use of narcotics by juveniles and that was that many school systems in this County had auditorium assemblies to which they would bring a teenager who supposedly was an addict and who would describe in gruesome detail all that had happened to her. I remember hearing, particularly, of one young girl who appeared before an assembly auditorium like that and tell in detail all of the gruesome things that had happened to her, and she really just gloried in the publicity that she was being given and became kind

of a heroine in the eyes of the youngsters, and that was an entirely bad sort of a thing to do psychologically.

ASSEMBLYMAN LYON: Mrs. Lewis, speaking on behalf of the chairman who is just out, I would like to ask a question. Do you think that documentary films or motion pictures taken, say, of the conditions in which actual narcotic addicts have been arrested and have been found, films taken in the hospitals of the withdrawal pains and symptoms would be glamorizing the problem, or do you think that that would be in the scope of the legitimate type of educational film that you were thinking of?

MRS. LEWIS: Well, I think I would have to qualify my answer depending on the specific picture. I have seen a number of them, and some of them have been so horrible, I couldn't see any good purpose being achieved by it at all. Others have been so very definitely Hollywoodish that the youngsters have said, "oh, well, of course, that isn't real that's just an actor playing the part and it doesn't mean anything."

ASSEMBLYMAN LYON: Well, I think we would certainly concur that unless it were a true life documentary film that is, taken on a raid or taken in a hospital of the individuals themselves affected, not an act, not a Hollywood production, it would have to be a legitimate film in order to be effective -- do you believe then, speaking from your experience with the P.T.A., that because a film is gruesome that it is not going to be effective? Do you think that glamorizes it? Or don't you think there's some value in showing youngsters the horror or the true situation into which they might fall should they use narcotics?

MRS. LEWIS: I don't think that the type of youngster who

is not likely to become an addict is going to be affected at all. He isn't going to need that kind of a picture. You see this thing is more than just a question of giving physical education, as it goes right back to our education, home and family life, spiritual, moral training, everything. It's a long, long story, something that must begin in the home in the very early years. The child who gets the proper kind of training in the home is never going to become the child who is emotional - this is an awful cliché' nowadays -- emotionally maladjusted, but psychiatrists will give me better terminology but just for convenience sake using the term emotionally maladjusted - the child who has the proper kind of training from the very beginning isn't going to be the emotionally maladjusted child and isn't going to need that kind of education. As far as the others are concerned, it's just the same sort of thing as the fear of punishment doesn't usually deter people from doing things.

ASSEMBLYMAN LYON: Of course I can't subscribe to that at all. I think there are two points of view with respect to whether fear keeps people in line. There's no question but what fear has something to do and has for thousand of years in keeping people from doing things they otherwise might do. I think, certainly, fear of getting killed would have something to do with keeping people from driving 90 miles an hour down a freeway. The element of fear is inherent, I think, in a great deal of human behavior.

I see that Dr. Frym is shaking his head at much of what has been said. We were discussing it at lunch and I would have to, for myself, as just one legislator, one member of the committee, see a great deal of proof that more harm than good would be done to cast aside completely the idea that some of these documentary films

showing the horrible situation people can get into would be a waste of time. I frankly think that the judicious use of them in the hygiene class and the physical education class would at least make these teenagers aware of the dark side of the problem. Perhaps they do see the glamorized side in some of these newspaper articles or magazine articles and they are therefore tempted, perhaps, to try a marijuana stick. But I don't think there would be anything tempting in seeing the horrors of withdrawal, say, on a short documentary film.

MRS. LEWIS: You made one remark which I would wholly subscribe to and that is this, you said, "as that type of a film, providing it was good pedagogically and all that kind of thing, shown in a science class". Well, now that would be different, because all of this education, as I said before, should be given by people who are competent educators and not just shown at an assembly to the entire school.

ASSEMBLYMAN LYON: I think that's true on that. I was thinking of the hygiene class, or physical education class. We may have 20 or 30 or 40 boys in one and the girls in the other. Probably they are separated.

MRS. LEWIS: Well, there might be some value provided you had a skilful teacher who would evaluate the picture, the film, with the youngsters and not just somebody who would just show it and let it go at that.

ASSEMBLYMAN LYON: Mr. Chairman may I pursue this one step further with Dr. Frym here. I don't want to delay your hearings but this to me is possibly the crux of some of the education program that may or may not of been gone into. Dr. Frym, do you believe that there is no value in the use of these films showing the true

facts of life to these kids?

DR. FRYM: I'm going to be very unpopular. I most strongly feel that even if factual presentation of the tragic results of addiction will most likely not do the job in regard to those kids we want to reach as Mrs. Lewis has stated. I only want to explain it very briefly. You see we notice more and more in studying addicts that they have a strong, marked masochistic component. These are people who enjoy, who derive a great deal of satisfaction, almost physical satisfaction, through their lived fantasy, from anticipating suffering. So you see, something which sounds very perverted and deviated to the normal citizen is actually scientifically correct. I didn't believe it either when I was a prosecutor. But I have learned the hard way that if we rely entirely on the threat of dire consequences, whether it is prison or whether it's the terrible suffering of an addict, we will not cure those who need the treatment most. Therefore, my answer is no.

ASSEMBLYMAN LYON: Doctor, may I interrupt to say how do you know who needs the treatment most? How are you going to tell which of these youngsters are so deep-seatedly maladjusted that they are likely to become an addict and want to go through this punishment. Some of them come from the best families with good social environment. Look at one who has just recently been picked up. I don't know whether he is guilty or not, the scion of a wealthy family, who apparently has been tinkering with narcotics. I don't know how you would determine that he was, or was going to be, maladjusted, if in fact he is maladjusted.

DR. FRYM: But I did not say that we will determine without study, and we are today equipped, for instance, with

psychological tests in addition to clinical interviews. We are equipped to a certain extent to identify people who are, let's say, prone if, for instance, they are exposed to seduction. Now, I'm talking about those kids who are prone. These are two different questions, I would like to say, whether and how we determine whether a person is prone or not, and whether such pictures would work on those who are potentially in danger. I can only try to answer your question in the negative. I feel that those who are most seriously in danger will not be deterred even by the worst presentation, factual presentation, of the suffering.

ASSEMBLYMAN LYON: You think, then, that there would be no value whatsoever in that type of motion picture education?

DR. FRYM: I would make it dependent on the type of pictures, of course, which means, in mere showing, even if it's factual and not Hollywoodish, of the suffering, and of the medical consequences, so to speak, of heroin addiction would not be the right way to show it. I believe very much in audio-visual aids, but I repeat a mere factual presentation would not suffice, psychologically speaking.

MISS HILL: Mr. Chairman.

CHAIRMAN SMITH: Yes. This is Miss Patricia Hill.

Miss Hill.

MISS HILL: As a representative of the State Department of Education, I would like to get into this discussion and would like to back up what Mrs. Lewis said in several respects of feeling that the education concerning narcotics in the whole field of Health Education must be brought into the regular curriculum program, that it must not be set aside and made something spectacular or be given

by a lecturer coming in that knows nothing about educational methods. We feel, and we have our law, that the change that went in two years ago is working, that we have an effective law, but the problem that we see is in training our teachers to do a good job. We have over 90,000 teachers in the State of California. About half of our new teachers each year are coming in from out of State so that they do not go through our own teacher education institutions, so that we do not feel that all teachers are qualified to do a job in this field, even the ones in physical education or in science do not have all of the up to date material. The field of Health Education is constantly changing. I believe you all know that the State Department does have it's manual of background information for teachers, but I would like to point out to the committee that in the Department of Education we have one person to give consultant service in the whole area of Health Education which includes the area of Narcotics Education. That person covers the whole State of California. In the county offices of the 58 counties, there are not over six that have trained people in the field of Health Education or Narcotics Education to give consultation service and in-service training to these teachers, and we feel that that is a crying need that we must have people that can work in our local school districts to provide the teachers, through a method of in-service education, with the up-to-date information and help them do a better job of teaching.

One of the basic problems in this is that the whole philosophy of teaching it is to change attitudes and practices. We can pour knowledge into their little heads until we're sick and they're sick, and unless it's translated into good practice, it doesn't mean anything. So that in a whole area of Health Education, we have to change attitudes and practices which are pretty tough. I believe that Mrs. Lewis said that our need for guidance personnel,

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we feel that if we had the people that could recognize some of the symptoms of maladjustment early, if we had the out-patient clinics to which to refer, these students that seem to have these symptoms, that the schools would certainly be in a stronger position to do something about this problem.

CHAIRMAN SMITH: Miss Hill, isn't it possible that within the Department of Education, which is certainly a large department with 90,000 teachers, that you could institute some intra-department training program so that you could increase the number of people from one to several dozen in a matter of months on the fundamental points of narcotics with respect to the general health education program so that perhaps you -

MISS HILL: I was speaking of one in the State Department of Education. Now our consultants in Elementary Education, of which there are six, and in Secondary Education of which there are five, do what they can. Even between the eleven of us, we don't cover the State of California very effectively and we do feel that we --

CHAIRMAN SMITH: What I mean is that those who do exist would seem to get together and start training other teachers in the -

MISS HILL: Well, that's what we would like to do but we need more personnel to do that.

ASSEMBLYMAN LYON: It seems like with 90,000 teachers, a good many thousand of whom you would consider eminently qualified for additional training and additional duty, perhaps, you could, within the Department, develop a program. It's not a matter that needs legislative change or even more money as far as I can see. If you know that the desire is there and the public support is there, the Legislature has expressed --

MISS HILL: The various counties in school districts are giving work shops and institutes and so on, but, again, there are people with this background that are needed to supply -- to teach these in-service courses is what I'm getting at, someone at a supervision level that can help provide up-to-date materials, bring in our resource people, as we have with this committee to help the teachers to better understand the problem.

ASSEMBLYMAN LYON: To expedite this whole program, then, would you not think it possible to develop a team of qualified instructors in this type of Health Education, including narcotics, who could, then, as qualified instructors go from school to school and appear before, say, the senior boys and the senior girls class or something that would be fairly uniform throughout the State and in that way a few could cover a wide territory.

MISS HILL: No, we don't buy that idea, again because it's someone from the outside going in, you gather your students together at a big assembly --

ASSEMBLYMAN LYON: No, no, I didn't mean that. I say you have a team of educators who are just as qualified in the 76th Street school as there in the Huntington Park School, and they could go among all of those schools and that instructor could give one day's lecture for, or maybe two day's or two weeks, or maybe it would just be a spot lecture to that senior boys gym class and they'd hit each one of them. That doesn't seem at all impractical.

MISS HILL: No. That's what we are saying is not effective because you've got to spend days preparing this. The teacher that is teaching those classes regularly, we feel, can do the best job of instruction. It isn't a one-shot deal. You don't

go in and in an hour change attitudes and practices. I would buy a team --

ASSEMBLYMAN LYON: Well, that may be. You are making a job so much more difficult, it would seem, than is necessary.

MISS HILL: Well, it's what is effective and will carry into good practice.

ASSEMBLYMAN LYON: You have got to start with some factual information. Maybe you don't change all their attitudes over night and maybe you don't change them in four years either, but at least if you, rather than say the job is too big, at least you get some of the information around by qualified teachers, and I certainly can't believe that you or the Department believe that you can't get a qualified teacher from school district A to go to school district B and all around on a particular type of program. You have specialists, you have visiting instructors in the county superintendent offices in many counties.

MISS HILL: Yes, that's the point I was making. Yet there are only five of the offices of county superintendent that have really trained people in this field. There's a crying need for more people trained in this field and then they would work with the schools in that area.

ASSEMBLYMAN LYON: You recognize a crying need. Do you think there is something the Legislature needs to do to satisfy that crying need or can it not come from the Department of Education itself, from Dr. Simpson on down?

MISS HILL: Well, for one thing I can say that our Bureau of Health Education which handles this has been under constant fire from the Legislature in having no need for people in this field

of Health Education to work with local schools. And that has come before the Legislature and so far has been defeated. Whether it will come up this coming time or not. They want to eliminate the one bureau that we do have that works with local counties and schools and gives leadership from a state level in this whole field, so that I would like to get it into the record for the purpose that when it comes up on the floor of the Legislature, do we want a Bureau of Health Education to give leadership to local schools including narcotics education that the committee can be informed that we are the ones that are giving leadership in this field and are trying to do what we can with the personnel that we have. We aren't just sitting back and saying we do not have people. We are trying to implement this, but putting this in the hands of teachers does not necessarily mean that they are going to do a good job of teaching. It's a difficult subject to teach. It's just like saying how do you teach a boy to be a good citizen, how do you teach morals and manners? It's nebulous.

ASSEMBLYMAN LYON: I'm just a little bit puzzled at that. If you took that attitude entirely, we'd never teach anybody anything.

MISS HILL: No, I am not --

ASSEMBLYMAN LYON: I don't want to get into a semantics argument but I feel like you've got a defeatist attitude in the Department of Education. Instead of getting this information across--

MISS HILL: No, I think we have a very idealistic attitude in trying to do what we can with what we have. But let me make an analogy. If the doctor that appeared at the American Public Health meeting last week and gave his report on cancer in smoking said to

everyone of you here that if you continued smoking you are likely to have lung cancer, how many of you are going to stop smoking tomorrow? It's the same idea with these teenagers. They think it won't happen to them. But we need these people that can bring out the facts. We need more research into the kinds of youngsters, the teenagers, that are using narcotics.

ASSEMBLYMAN LYON: Miss Hill, I don't know just exactly what you have in the little red book there, but I simply, as a fairly well educated individual, and remembering my high school days also very well, can't believe that it's so complex and so vague that you can't trust to put it into the hands of teachers in the various schools so that at least they can elicit some of the factual information.

MISS HILL: Every teacher is required to teach this. I didn't say that. Let me get that out of the record if I made that statement. Every teacher is giving, in the courses designated by their local boards of education, which is what went into the code two years ago, instruction in narcotics -

ASSEMBLYMAN LYON: So that they are getting some of the basic factials to the kids in every school at the local level.

MISS HILL: Yes, but I'm saying that we need supervisors that can help those teachers to keep up to date and what's new in the field. Every teacher is expected to their job. We aren't sitting back and saying that they shouldn't be taught because we don't have -

ASSEMBLYMAN LYON: Well, that's a little better. I didn't understand your presentation.

MISS HILL: No, I'm sorry if I said that or gave that

impression. No, we expect every teacher to bring this in.

ASSEMBLYMAN LYON: You are really speaking of some of the finer points then, and the more complex points being put across.

MISS HILL: And methods of how do you teach. Now if you were in front of a group of 50 boys, just how would you present the topic of narcotics to them?

ASSEMBLYMAN LYON: I have some ideas on how I might do it, I think.

MRS. LEWIS: May I just repeat something here that perhaps will answer the question?

CHAIRMAN SMITH: Yes, certainly.

MRS. LEWIS: The Education Code of California, Section 8253 is mandatory and states:

"Instruction shall be given in all grades of schools and in all classes during the entire school course in manners and morals and upon the nature of alcohol and narcotics and their effect upon the human system as determined by science."

And then we now have Section 20456 which says:

"In all teachers training classes in the state colleges (that's in the state colleges and, of course, as Miss Hill said does not affect those young teachers who come from other states) in California, adequate time and attention shall be given to instruction in the best methods in teaching the nature of alcohol and narcotics and their effect upon the human system."

So this is mandatory that the teachers do it, but the question was just how to make sure that all of them are prepared in the best way and are doing the job in the best way.

CHAIRMAN SMITH: Is that first thing still in the law, I thought we changed that?

MRS. LEWIS: No we changed it from instruction at every grade level which -

CHAIRMAN SMITH: But the section you just got through reading is at all grade levels.

MISS HILL: No, that's determined by - "the governing board of the district shall adopt regulations specifying the grade, or grades, in the course, or courses, in which such instruction with respect to alcohol and narcotics shall be included."

MRS. LEWIS: And the local school system determines whether this is going to be in science, or physical education, or in health training, or in the home and family life -

CHAIRMAN SMITH: Read me the first paragraph of that first thing you read, will you, please.

MRS. LEWIS: "Instruction shall be given by all grades of school and in all classes (now all classes there means just the same as grades I guess) during the entire school course in manner and morals and upon the nature of alcohol and narcotics and their effect upon the human system as determined by science."

CHAIRMAN SMITH: Well, are you reading the law or are you reading the school -

MRS. LEWIS: The law.

CHAIRMAN SMITH: That's what we tried to get rid of last year.

MISS HILL: She has the old legislation rather than the new. There's a period after "manners and morals" in the new code. And then it goes on:

"Instruction upon the nature of alchohol and narcotics and their effects upon the human system as determined by science shall be included in the curriculum of all elementary and secondary schools and the governing board shall specify where."

The change was just to make it mandatory that the governing board specify where and get it away from the kindergarten level which the old legislation said it should teach it at every grade level.

CHAIRMAN SMITH: Well, I have my bill here and I was just wondering if we are still on the old law. After all, we changed it all last year.

MISS HILL: The new one is in.

CHAIRMAN SMITH: Captain Walter, do you have some comments?

CAPTAIN WALTER: I would like to ask the legislators, or the representative of the educators, I mean to say --

CHAIRMAN SMITH: I don't think we catch that, will you go again?

CAPTAIN WALTER: I would like to ask the educators, or the representative of the educators, what the position is on the state and the local level on the trend of having the students, or allowing the students, to write theses and reports on the evils and dangers of the narcotic problem. This is not an isolated situation of one or two occasions when the matter has come up in connection with the police department in many, many instances and occurring daily. We are solicited by students, and apparently with the approval of the teachers, at least, of certain classes, to furnish these students of junior high school and high school age with information so that they may take back the reports to their fellow class mates relative to this problem.

Additionally, we're on the subject of education. We are constantly asked, or repetitiously asked, for representatives to appear on television and radio programs in educational matters, or at least we feel that it's an educational deal. I would like to

know what position the educators and the other people here today feel we might carry to other municipalities and enforcement agencies with whom we meet as to recommendations that you people might have on this question.

CHAIRMAN SMITH: Did you catch that Miss Hill?

MISS HILL: Yes. I think that all of the departments are being besieged by students and it would depend upon how the teachers that are teaching the narcotics information decide the best method to get it over to that class is. And they have probably set up committees, especially at the high school level, and the committee has decided to visit their local law enforcement agency and get information from them and take it back to their class. Now, different teachers teach it in different ways. And I'm not the one to sit here and say whether that's an effective way or not. It depends upon the way that it is used in the classroom and just what the teacher has in mind. I do think at the high school level in education it has been proved by using committee work and having the students go out and interview law enforcement people and get the latest up-to-date information and report back to class is probably a very effective way of bringing this to their mind, I would say more effective than showing a movie, although movies have their place if they are worked in with the regular program. I know that sometimes you get run ragged, and I don't know what the answer is there. I think it would be working with your local school boards and the people responsible for teaching narcotics, if you're getting too many of them, to work out some kind of an arrangement. Does that answer your question sir?

CAPTAIN WALTER: That answers part of it. Now I should like to ask how you feel about using television and radio as a media

of education for narcotic information.

MISS HILL: As long as it's sound information and not spectacular, as we've talked about before, it probably is an effective method. It is probably the best method for reaching parents. I think that's one group that we do miss. We don't reach all of our parents through the P.T.A. or our other organizations, and those are the ones that we're concerned about. Good sound educational programs on radio and television, I think, pay off.

CAPTAIN WALTER: The police department of this City feels that the presentation of factual information over the medium of television and radio is difficult of getting across the whole message. It's something on which we're attempting to formulate a policy from time to time, and your advice on the subject is appreciated.

CHAIRMAN SMITH: I can see we're liable to be here through next Wednesday if we pursue this question, because we've all got different opinions. I can't help but disagree a little bit with Miss Hill. We are great friends, but I still think -- I know last Friday night after a football game at high school one of the boys was killed, and it caused a tremendous amount of concern among the boys that had automobiles over there, and as of this week, they all, at least for a temporary period of time, are driving a little more carefully. It seems to me that if all children were made to go through the county jail at fourteen, thirteen, or some age, with their Dad or someone, just walk through there, I think we'd have a few less in the county jail. I don't think they have any fear now days as to whether they go to jail or a penitentiary. I'm not going to pursue that, we'll have to let the psychologist decide that.

Now, I want to get to Mr. Deming. He's been sitting here a long while. He's the man that has the problems of the mental hygiene. I'd like to have your comments, now, along the lines we discussed and see what we can do, what the laws available are, and how you can help us.

MR. DEMING: I'll try and make it short, Allen, because you have more than just this one item I presume.

I was glad to hear this morning that some of the gentlemen at the table thought they could solve all their problems by sending all of these people to state hospitals. Then I was staggered when I found out there were some 20,000 of them. The immediate impression, inasmuch as we have no money to build new facilities with, is a question of what are we going to do about it? It's been said that you can, and you do, send some people to state hospitals. There are about four hundred a year now being sent to state hospitals, four hundred drug addicts, under the civil procedures of the Welfare and Institutions Code. The trouble is that the state hospitals are overcrowded by many thousands of others. So you can't crowd many more addicts or any other classes into the present facilities.

Medical science, I think, can cure some of the addicts. The superintendents of the hospitals feel, and the doctors that are working with these people feel, that if they can get a person, who has not too long been an addict that they can resurrect some of them. The old timers who have been using narcotics for years appear to be a hopeless situation. The question then is why send those to state hospitals or any hospital? If they are hopeless, there's no point in using hospital space that's direly needed for other, perhaps, more worthy people than the addicts. We only have

so much space. We're only provided with so much and we try to make the best use of that that we can. We have waiting lists for our homes for the mental retarded now, over 2,000 people on the critical list trying to get in, and we can't admit them because we haven't a place for them. So we have a problem, too, with the narcotics. They are difficult people to deal with in state hospitals. You can realize all the smuggling they try to undertake, all the contriving they do to create disturbances. All of them want to get out as soon as they can, and it costs a good deal more to care for an addict in a state hospital than it does for the ordinary patient, the mental patient, I mean.

There has been a suggestion, I think Judge Turrentine made it, that if you want to provide a scheme for giving these addicts a chance at some treatment or an opportunity to have some treatment for not too long a period of time, then put those away on a permanent basis who fail. I think that makes some sense in our view. First, we'll have to figure out where we are going to put them, and you'll have to start building facilities. There's no question about that. You can't put them in non-existing facilities and that's the situation now both with our jails, with the state hospitals, and with the Department of Corrections. None of those facilities, I don't think, can take any more people in any great numbers.

There's been the mention made, before I forget it, about our out-patient clinics. We have a good many out-patient clinics throughout the State for out-patient treatment that most of you people are familiar with. But we're about in the same position there. The waiting list for those out-patient clinics is so long that if you can get in any of them inside of six months you're just

lucky, that's all. So there is the situation so far as the Department of Mental Hygiene is concerned.

If you think it's a good plan to give these people some short or moderate term of time of medical treatment, and then if they fail, put them away permanently as you've been talking about, that could be done similar to the thing we do with sexual psychopaths. We think it's worked out pretty well. Here's what happens. First, they have to be convicted of a crime under present laws, some crime no matter what it is. After conviction the judge, if the person after examination by qualified men, psychiatrists, finds the person is a sexual psychopath, or believes he is, commits him to a state hospital for a 90-day observation. At the end of that period, the superintendent and medical staff make a report to the court saying whether or not the person, first, is a sexual psychopath and next whether the hospital can treat him or not. If the answer is yes, in other words if he's a sexual psychopath, and if they believe he can be treated, he's sent back to the state hospital on an indeterminate commitment. These are civil proceedings, not criminal, this phase. He can stay in the state hospital the balance of his life until someone decides, ultimately the court, of course, there is always recourse to the court, but until there is a decision made that the man is cured to the extent that he can be at large. Before that time you can keep him permanently put away, and if that's what you were thinking about this morning with reference to a permanent abode for these incurable people, that is the way you can do it. The sexual psychopath, I think, that you were thinking about, as to the procedure, is worked out pretty well. This happens - those incurable cases, after a year or two years in the state hospital they find they are

incurable from their malady and find they are still a menace to society you can't turn them loose, and the judge wouldn't want to turn them loose, there's a provision in the law whereby they can be transferred to a facility, or rather a correction institution, in other words a prison, transferred there and they stay there under the same conditions that they were in before until they are cured or no longer a menace to society, probably equivalent to a life sentence.

We are not too enthusiastic about hospitalizing great numbers of addicts. First, if we do so, we'll have to have more facilities and more money. Next, we get, through the courts now, some pretty sad cases in those old time addicts where there's no hope, so far as medical science knows now, of doing anything with them. Yet first we must keep them for three months, that's required, and then we can let them go. The big factor, I think, with all medical treatment so far as the addicts is the lack of follow up after a period of treatment to see what happens. The state hospitals ordinarily put the patients on a parole after a term of treatment that the doctors think is sufficient, and if the addict really wants to go straight, you can get him employed to take him away from his old environment, put him somewhere else and get him employment or find him some means to subsist, and if he'll stay there you have a chance. But a large portion of them, as soon as they leave the state hospital, just evaporate from sight. We never see them anymore until we are notified that they've landed in jail or prison again. Those are the types which we haven't been able to do anything with just because those people don't want to be helped. And if an addict, they are pretty slick people in that respect, wants to get back to his old environment and doesn't want to be helped, there's not much that we

or anyone else, I don't think, can do with him.

CHAIRMAN SMITH: Anybody have anything particular they want to say right now on the subject so far?

MR. LESTER: I'd like to make one or two comments. The implication seems to be, in some of the discussion that has gone on, that there are, perhaps, some 20,000 addicts in this State, and suggested provisions have been made whereby those that proved untreatable could be incarcerated for life through changes in the law that would make it possible for second offenders to be treated as felons and committed on that basis, which would indicate that perhaps many, many addicts, that is, running into the thousands, perhaps, would eventually come into the Department of Corrections penal system, since Mr. Deming has suggested that they certainly didn't want them in their hospital set up. Now, in less than ten years, the prison population has tripled in California. If we add to that 20,000, that is to the potential of criminals coming into the prison system, an additional 20,000 who now can be made, or could under the prospective laws, felons, it has a good many implications from the standpoint of the treatment of the persons who are now incarcerated in our prisons. Our problem is to treat these persons as effectively and as quickly as possible and get them back into society so that we can make room for this hoard of persons who are coming on after them all the time. Unfortunately, the types of persons that are being constantly sent to us by the Superior Courts aren't easily rehabilitated, there might be a little more stop and think if we could be a little more selective in the clients that we receive. If we could have waiting lists and exclude some of these untreatables, it wouldn't be quite as difficult a job to handle this ever-increasing prison population.

I am saying all this preliminary to offering this suggestion. Certainly, there doesn't seem to be any reason why the suggestion made earlier today that the law be amended so as to give the municipal court judges the jurisdiction to commit addicts to the state hospitals for observation and treatment. There doesn't seem to be anything to indicate that that isn't a good, basic change in the law. The suggestion that followed that seems to me to be perhaps a little precipitous, and that is that the addict who failed should immediately be considered, then, a possible felon by changing the law to make it possible to treat him as a felon on the second conviction for addiction. Wouldn't it seem wiser to make these steps one at a time to find out whether the first step is going to be at all effective rather than to change the law and suddenly make it possible for the Department of Corrections to receive innumerable persons who are considered untreatable? Now that would mean that even though the law might only make it possible for us to keep these persons two, three, or five years, they still would not be cured and would return again almost immediately to the use of narcotics if we can rest our case on the premise that the original diagnosis that they were incurable was actually valid. Now, what I'm suggesting is that we -- I know it didn't come to any vote here this morning, we didn't discuss it at great length, but I hope it isn't the consensus of the group here today that an addict, just because he's before the court a second time, should be treated as a felon and committed to prison as an untreatable case. If that's going to be the result of changes in the law, it could very well mean that our entire penal program of treatment, rehabilitation, and supervision on parole will be thrown into a tailspin.

CHAIRMAN SMITH: Well, I'm certain that none of us have any thought that you are going to get 20,000 additional prisoners, nor have we come to any conclusion that on the second offense of an addict he's going to be a felon and necessarily go to Corrections. We all started, I think, on the basis of Mr. Creighton's statement that if we could cure one of these generations and stop the addict from going out and contacting more of the younger people and other individuals to get them to use the narcotic and possibly sell it to make money so he can buy his supply, and he is a menace to society the same as the sexual psychopath, and we know he isn't going to commit any sex crime when he's in Metropolitan State Hospital, we might save several thousand people. I think that's what we are talking about. I'm sure we haven't agreed to pass a law on that subject as yet, so I think you can rest at ease that we aren't going to try to give you 20,000 people.

MR. LESTER: Well, that's good.

CHAIRMAN SMITH: That law couldn't get through the Legislature.

JUDGE TURRENTINE: Where does that figure of 20,000 come from?

CHAIRMAN SMITH: Well, we've batted it around and we finally got it here during the meeting and we've stuck with it. I'm not so sure I know where it came from, but we arrived at it. Mr. Daly's responsible for that. He's going to explain that. Continue Mr. Lester. I just wanted to make it a little easier for you.

MR. LESTER: Thanks, Allen. That helps a lot. This is what we seriously would like to suggest to the committee for its consideration and that is that some consideration be given to some

additional staff or institutional training in this pointed up to group psychotherapy for narcotic addicts, some additional staff, again in the same area, for a pilot study on the out-patient clinic to expand our treatment facilities on this particular problem in the out-patient clinic and in the parole system by providing just a little bit more parole service so that the case loads on these narcotic cases could be reduced to a point where we could be given really maximum supervision during the parole period, or at least during the first year of parole supervision.

CHAIRMAN SMITH: Does anybody take an exception to that request? Would this committee go on record to Dr. Fuller and Mr. Lester that if they request in their budget, which they are starting now, one, two, three, four, or more personnel, which might require fifteen or twenty thousand dollars a year when it hits Ways and Means we would say we thought it would be at least one step in the right direction, or are we all going to drop them and let them hang by themselves when they present their budget? Of course, all of you are not going to be there, but I know their problem when they go up there and they say, "Well, you don't need that because those people aren't here", but with this committee, if we came to the conclusion we thought that was one step in the right direction, we might be able to get a little money for that. Judge Turrentine?

JUDGE TURRENTINE: I think if the committee is sold on any program suggested it should sponsor the bill. Then you get away from the trouble of each interested individual having to go up there and lobby and work for it. In addition to that, it carries far more weight, I think, with the entire Legislature if it is a legislative committee sponsored bill. Now you're asking, as I

take it, whether we are in favor of the committee carrying the ball on that particular score instead of these individuals having to do it. Is that it?

CHAIRMAN SMITH: Yes, or the committee going on record as approving at least that one step of a little additional personnel to start studying that angle there.

JUDGE TURRENTINE: Whatever is done, whatever step is taken, the committee should take it.

CHAIRMAN SMITH: You see, from a practical standpoint, it would work better for the Department of Corrections to place it into their budget and have the Attorney General go along, because when they come along with special bills afterwards for certain amounts of money to be added, then that comes along the closing days and I can well foresee that the budget may get out 24 hours before we adjourn, on the one hundred and nineteenth day and twentieth hour this next session, so our bill would die, while if we had the argument before Ways and Means and we got it into their budget, which I assume is either in the process of being pretty well discussed in the Department now, along that line, it maybe all complete. I don't know what Mr. McGee and Mr. Brown would say on that, but I think we ought to go that far in this anyway. It's a far cry from a hospital and I think we could go that far. Let's at least have at that and see where we get. If we can't get that we might as well disband hearings for the future. We're through.

MR. LESTER: This problem just gets bigger all the time. You can see by the record here that we now have ten per cent almost of the entire inmate population in on narcotics charges, and that's not counting at all the hundreds and hundreds of persons that are in

there for robbery, forgery, burglaries, petty theft, and all of the other offenses which these narcotic addicts commit and get sent to prison for. In other words, we haven't got the total picture. We just have the picture of the ones who are sent up on narcotic offenses and that's not nearly the entire group.

CHAIRMAN SMITH: Well, maybe we better go back and discuss that Catalina situation.

MR. BURNS: Mr. Chairman, as a prosecuting attorney I have had occasion to talk to young people who are up on violations of 1172 who have said, and said to police officers, that had they known what they were getting into they probably would never have ventured into the field in the first place. That, I think, is probably contrary to some of the statements made here that it's a beginning deal from childhood and so forth a lack of something or other that causes them to seek this relief.

On the subject of education, if there is any value in a dramatic presentation, I mean to exclude there Hollywood presentation as was used, we have here some pictures of a specific case of a man's arm that was taken one month and six weeks later they picked him up again. The increased damage to his arm from about 10 or 12 scars to well over a hundred, I think, is a very graphic illustration of what can happen in six weeks. Now, if there is any value in presenting this to high school students who seek information, much of this material is in the hands of the police department. They can't use it under present day regulations because while the law of privacy, this is the civil end of it, would protect a police officer in disclosing this information to another law enforcement officer, it would not protect him from disclosing to the general

public. It seems to me if the educational phase of this thi
so far as to require police officers, or allow them, to publi
to make public such pictures as I have here, which are graphic
illustrations of actual, factual data, that we ought to have some
sort of a protective clause in the code protecting the officer from
liability, civil liability, for right of privacy suits, and so forth,
because as I say, I'm not trying to pass on whether these pictures are
good. I think they are, but I'm not an educator. If these people
come to us and say, "we would like to see some pictures of what
actually happens to these people", just as we did in the fire depart-
ment over the fire cracker situation, we took pictures at the receiving
hospital of children coming in and receiving treatment on the Fourth
of July, there I think we might have a point. At least it might
reach some of the children, but before we can do that, I think there
should be some legislation making a blanket protection against civil
liability as there is now to protect the police officer against
criminal liability for possession of a marijuana or narcotic while
he's in performance of his duty.

CHAIRMAN SMITH: Well, I'll have to say that I for one
agree with you.

(RECESS)

CHAIRMAN SMITH: Captain Walter has to leave shortly and
he prepared some statistics at my request some time ago and I'd
like to have them into the record please, captain. Are you going
to give me a copy of this so that the reporter won't have to take
it down?

CAPTAIN WALTER: Yes. The 1953 figures are broken
down by ages starting with the juveniles. These figures are for

the city of Los Angeles and indicate that there were two boys and two girls between the ages of 11 and 14 years who were arrested for violation of the narcotic laws. Fourteen boys and six girls between the ages -- fourteen boys and six girls of the age of 15 were arrested, 30 boys and two girls at the age of 16, 74 boys and five girls at the age of 17. In addition to those figures we have those who may have been made wards of the court who may have been over 17 but included under these figures under Welfare and Institutions Code.

Interestingly enough, in connection with the race of juveniles arrested, 43 of the boys and eight of the girls were Caucasians, seven of the boys and seven of the girls were of negro race, 67 of the boys were of Latin descent, no girls of that descent, and only three of other races such as Indian, Chinese and Japanese.

In the persons over 18, there were 132 men 14 young women, in 1953, arrested for the narcotic laws of the age of 18 years. There were 144 men and 23 young women who were 19 years of age, 135 men and 23 women who were 20 years of age, 170 men and 52 women who were 21 years of age, 174 men and 55 women who were 22 years of age, 200 men and 41 women who were 23 years of age. That is the peak age for that year, from the age of 23 on through 24 to 30. That would average about 125 by the year, and over the age of 30, we arrested in the City of Los Angeles in 1953 about 600 men and women of the age of 30 and up. At the age of 50 and up, we arrested, included in that figure of 600, but to break it down a little further, there were about 70 men between the ages of 45 and over.

I think those figures are interesting in relation to the conversation relative to the old incurable addict, because the older people, when I say the older people I'm speaking of those over 30,

form, as you can see from that figure, out of a total of some three thousand persons arrested, the persons over 30 years of age, only a fifth, or 600, of those persons of approximately three thousand people, only approximately 600 were over 30 years of age. I think that's in connection with the idea of the incurable and at the age of which they are incurable and so forth. We don't want to loose sight of the fact that a man is considered relatively young at 30, but in connection with the narcotic picture in Los Angeles for 1953, it was people of less than 30 years of age, specifically the 23-year age group, that had the highest number by that token.

The figures as to where in our City the juveniles were arrested I think would be interesting to your group because many people feel that it is an eastside or a southside problem. I'd like to indicate that in the downtown areas the figure is 13 juveniles arrested in what we know as the downtown area. In one of the areas in which the University of Southern California is located, these having no relations to the students over there because these are not of student age, but to fix the area by general location, there were eleven arrests. On the eastside of the City in predominately a Latin neighborhood we have 14 arrests. In the Los Angeles harbor area there were 11 arrested, in Hollywood there were two arrested, in the Wilshire area there were two arrested, in the West Los Angeles area seven, and in the valley area of the City, 26. In the northern part of the City up around the Colorado Boulevard district, there were 12 arrested, and in the area south of Slauson in the City, 16 arrested, in the Newton Street division, which is predominately colored, there were 14 arrested, and the little area of Venice had only four. The San Fernando Valley had the largest figure

arrested. Of course the area of San Fernando Valley has the largest population of any police division in the city. In proportion to the population, the figure is no larger than in any other, but I think it does exemplify that in the problem in regard to narcotics, primarily in connection with juveniles, there is no segment of population upon which you can fix the responsibility or the problems in connection with addiction or narcotic traffic.

Our local arrests for addiction will run about 800 a year, and of that group almost entirely all of the 800 have been given jail sentences averaging 112 to 131 days, 112 days in 1952, 131 days in 1953 and 1954. That would be days in the county jail. There are very few cases, and probably those are the ones which some other type of offense was also included in which the people have not been prosecuted for their addiction. It is possible in cases where there is a more serious charge in connection with robbery and so forth that persons will be prosecuted on the more serious charge. I don't have anymore statistics or figures except the one which indicates that -- the figures that I have given you have been those of arresting persons, actual individuals. If they took more than one arrest, it would not be reflected in those figures. The figures reflect the total number of arrests in the City of Los Angeles for both adult and juvenile narcotic arrests and would reflect the repeated arrest of one or more individuals and would run 3,839 in the year of 1953, so while there are some persons arrested more than once for a narcotic offense during the same year, it is not the complete picture of running the same people through the city courts, or through the city or county jail. There were actually 2,800, plus, arrested persons, individuals arrested, regardless of how many times during the year.

CHAIRMAN SMITH: Is that it Captain? Anybody want any questions asked to Captain before we excuse him to go to work?

Thanks a lot, Captain. Don't forget to let me have copies of those because I want to get them into the record.

We have here Dr. Henry Wegrocki, M.D., Ph.D., Chief of Psychiatric Service, California Hospital, Professor of Psychiatry at the School of Medicine of the University of Southern California. You had to do with the Citizens Advisory Committee, I guess, didn't you, Doctor? Would you have a statement or some words of advice for this committee?

DR. WEGROCKI: I'm sorry I didn't have the opportunity to be present yesterday so that all my information about yesterday's session comes from the Los Angeles Times. It's because of the newspaper report that I find myself being just a little bit perturbed, because it seems to me there is a certain fundamental conflict between two philosophies here that which usually is followed by the Citizens Advisory Committee, which has spent eight months doing a great deal of studying of this problem, interviewing every conceivable person who has something to do with the narcotics problem.

The standpoint of the Citizens Advisory Committee has been that basically narcotic addiction has to do with a psychological illness where the primary problem should be that of considering it as a social problem in rehabilitation as against the attitude that this is something which should be treated punitively in terms of jails, in terms of imprisonment, in terms of confinement. We also have had the opportunity, as results of hearing a variety of guest experts, to listen to a variety of law enforcement officers who have to handle this problem. And in the process of listening

to them, I think I have a certain kind of understanding of why they feel the way they do about this problem in terms of a punitive orientation.

To my mind a law enforcement officer trying to get a narcotic addict or peddler is somewhat in a situation of an individual as a boxer who is supposed to obey Marquis of Queensbury rules, whereas his opponent is bare-fisted and can fight judo style. It just isn't fair and it's a pretty frustrating kind of an experience. I'm sure that all of the narcotics officers have a list of individuals with regard to whom they are certain they are narcotic peddlers but they just can't get the stuff on them. If a person lives a daily pattern of life of this sort, it becomes pretty frustrating. When you get frustrated, you get pretty hostile, when you get hostile, you want to do something about it to abolish the opponent, to do away with him in some way. And I think this punitive orientation has something of the psychological factors behind it. I don't mean to imply, as sometimes is implied by some individuals, that all law enforcement officers are sadists who want to either beat a person up or put him or put them in jail. I think it's a normal frustration reaction. Certainly, of those law enforcement officers whom we've had the opportunity to hear, we have been impressed very highly by their sense of dedication to duty, by the orientation with regard to the job they have to perform. After all, it's society. It's the Legislature which makes the laws which gives the rules of the game for them. They have to obey them, but unfortunately they get pretty well frustrated in doing them. I think this aspect of frustration has something to do with the idea of a punitive attitude where you call them criminals, because legally they are judged so, you stick

them in jail, and for an indefinite period of time you are freed of them. You have them behind a certain kind of an iron curtain. Now I think that perhaps as far as punitive measures are concerned, penalties, these are measures which, perhaps, are the only kind of protection that society can have with respect to the older, confirmed addicts with regard to those individuals who have a criminal history behind them.

But the issue which was the basis for our particular preoccupation with the narcotics problem wasn't that one. Our particular concern is basically with the adolescent, with the individual who is just starting. The importance of being able to do something right at the beginning with them before they get started on something like that, is the important issue for us. It's analogous, a little bit, to a situation that we had in the Army and the Air Corps, with regard to individuals who developed combat fatigue, so-called severe anxiety reactions. We learned rather late in the war that the wisest way to handle those situations was to send them right back into the front lines and to give them psychiatric attention there. But the important thing is quick action. The same thing applies to children measures. I think it's the general consensus of law enforcement people that the certainty of punishment is the most important kind of barrier as far as county's are concerned, not the length of term, not the threat of a death sentence. From our own point of view, our own emphasis, therefore, has been on social rehabilitation rather than a type of an attitude which has too much of this emotional component to it, because it has a degree of hostility to it, with a sense of frustration, that doesn't make for the best judgment at all times. In other words, such a conclusion

as deciding on whether a second offender is going to be declared a felon or not should be done on the basis of pretty objective and cold consideration rather than just purely emotionally because it gets pretty much of a problem to start arresting the same person several times. If it's absolutely necessary and it's objectively decided that that is the best way of handling it, that's a different proposition. After all, in the field of medicine when you're dealing with a communicable disease like scarlet fever, for example, you quarantine the entire family. Now that quarantine of the family, the deprivation of the freedom of the family is not done on an emotional basis. It's done on a scientific basis. We know we are doing it because it's going to protect society. We certainly can't say that society is necessarily so particularly protected just by sending these people to prison. That in itself, as a technique for handling it, is not productive of a decrease in narcotic addiction in individuals.

Now, as I've said our chief concern is the adolescent narcotic addict, and there, of course, the prison unfortunately serves exactly the opposite function by indoctrinating them, getting them acquainted with a variety of things that they otherwise would never have been exposed to. They get an education in narcotic techniques, in crime, in all sorts of procedures which rather incline them to be anti-social and to help them in the direction of socialization. Now because of an awareness of these various factors, we felt that the only kind of reasonable, objective, humane approach and one that would also take into consideration the element of protection of society was one which envisioned narcotic addiction as being primarily a problem in mental hygiene as a certain kind of psycho-biological illness, and only secondarily as a crime. It's a

crime because it's legislated as such, it's a crime because of the fact that, as you know, narcotic addicts will begin to steal, will commit crimes in order to get hold of the narcotics. Because of our orientation that the problem is basically a psycho-biological one, we felt that particularly with the younger people a type of a program which would allow hospitalization with the initiation of care and a follow up of them in out-patient clinics would be the only reasonable and rational way of handling this situation.

Now one might say well here and there they have had psychiatric hospitals, they have specialized in narcotic addiction. We have Fort Worth, we have Lexington, Kentucky, we have several other places, and yet actually in examining the kind of a program they have it doesn't amount to very much. But most important is that there is nothing in the way of any real kind of a follow-up. It's easy enough to take care of a person in a situation of confinement, but the real test is how is he going to make out when he is back in society. Some kind of a control over that individual, a continuation of the treatment of them is essential. It doesn't mean that in contrast to the practically negligible rehabilitation rate following imprisonment that you have, that this program is going to be the golden answer to it. But at least it's a direction, it's something which has a potential, and frankly it really hasn't been tried. It's something like the story of the Chinese speaking to the American missionary and he asked him whether Christianity works, and the American missionary scratched his head and said "No, I don't know. It's never really been tried".

Well, it's the same thing with this. People talk about sending them to psychiatric hospitals, sending them to Lexington.

The so-called treatment that they have there is basically and simply a medical-type of regime in which they are withdrawn from the drug, but in terms of any kind of therapy, in terms of any kind of understanding of themselves and their place in society, in terms of any kind of help adjusting them to society when they return, that simply does not exist, whereas the program that we have envisioned, the emphasis would be basically on the functioning of the out-patient clinic. Now both the state hospital-type of institution for narcotic addicts as well as this out-patient clinic have been verbalized in terms of being a psychiatric institution. I'd like to make a comment on that, and that is that psychiatry, in a certain sense, has been oversold, it has been looked upon as something which gives the golden answer to everything. All you have to do is get the psychiatrist together with the patient and strange magical things are going to happen. Unfortunately it doesn't happen that way. There is only a certain range of patients who are accessible to psychotherapy, who can benefit from it, and when you consider narcotic addicts you have the wide range of every type of personality imaginable and not every type of individual would be helped. Certainly, the older confirmed addict would be a person who wouldn't benefit very much from that, but the younger one, the adolescent, the one who has just gotten into it, is in a position to be helped. But you'll have those relatively simple ones who are basically well-integrated personalities who have become addicted simply as the result of being in a gang where someone is using narcotics, where it's the wise thing, the clever thing, the thrilling, the adventurous thing to use it. That type of individual uses narcotics only as a complement to his normal satisfactions in life. He's quite different from the

other type of individual who is deeply neurotic, for whom narcotic addiction is practically a must, and he's still far away from that individual who doesn't have any personality maladjustment as such, in a basic sense, but is a person, who by reason of circumstances of upbringing, is a person who adheres to a pleasure philosophy in living. He's been raised in an environment, for example, where the emphasis on what you can get, what you can have in the way of pleasures and satisfactions immediately is the most important thing, gives you prestige and status in your group. That type of individual has to be handled differently.

So these individuals who are narcotic addicts represent a rainbow of different personality forms. They have to be treated differently. For that reason, both in a state hospital situation for narcotic addiction and primarily in the out-patient setting, it will be necessary to have a certain kind of broad spectrum approach to these patients. That is the psychiatrist would be a very integral and important part of a whole pattern. The psychologists, social service workers, individuals who have to do with service clubs, religious counselors, a variety of every kind of personality who has something to do with human relations in a social setting would be involved in that kind of an enterprise.

Now in the out-patient clinic, I don't know, I've been speaking to Mr. Daly with regard to that, we have proposed that one could use, as a technique for checking whether an individual has returned to narcotics or not, the new drug nalline. Nalline is a very interesting kind of a drug chemically because chemically it's pretty close to morphine, but paradoxically when it is injected, it produces the same withdrawal reactions that you have in a narcotic

addict who has been off a drug for 24 or 48 hours, so inside of five minutes you could determine whether a person is an addict or not. Now I don't know whether there is any legal aspect to this which would require permission on the part of the patient to be tested that way, but you could very quickly have a test of that, and there is a psychological value to that just as you know there is a value to so-called lie detector tests, quite apart from their positive functioning in a process of detecting lying, but because of the psychological effect it has on an individual. There are people who will do their confessing before a lie detector test. So psychologically it has a value, but most important it is a simple, easy, direct test for keeping a check on individuals.

Likewise this would be the first kind of an opportunity for something of an overall approach to the problem of narcotic addiction. Despite all that has been done in the way of so-called research, nothing has been carried on of a type in the management of a narcotic addict which involves the operation of any other agencies outside of psychiatrists, the psychiatric groups, and psychological groups. So it has certain research opportunities. We are in a position, then, to get some significant statistical material so we will know what we are talking about. It isn't a matter of saying this man is a criminal because he has been twice arrested for being an narcotic addict and for selling it to some friend of his. If this twice-arrested criminal is a boy of 18 who has basically a good personality back-ground and comes from a familial and enviornmental setting which has potentials for being positive, it certainly isn't the proper orientation for society to condemn this person to just imprisonment and the possibility of adopting a criminal pattern in

his behavior, because he is inevitably going to identify himself with the people with whom he associates, if it's a matter of prison sentencing.

Now, in this mimeographed sheet that has to do with some of our suggestions with regard to possible legislative changes, I have noticed in speaking with Mr. Daly that one aspect has been omitted and that is the very important one of making some kind of an arrangement for voluntary commitment of individuals. There are lots of narcotic addicts, especially younger people, who would like to have something done about it, but how can they have anything done about it? If they want to, they can go to a private sanitarium which is prohibitively expensive for most individuals. Many of them would be very glad to get into a situation where a state institution would be available for them. The same thing holds for parents. There are many parents who know that their children are narcotic addicts, or suspect strongly that they are, and there should be some kind of a provision made which would allow those parents to get to some kind of agency as, for example, an out-patient clinic where something might be investigated, where they can find out about those things. Now our idea was that in view of the fact that the pull of addiction is so very intense, but with those individuals who would be voluntary commitments to that kind of a narcotic hospital, there would be a change in the law which would allow them to be declared misdemeanants so that they would be forcibly then compelled to go through a probation period after they were discharged from the hospital and they would be followed in the out-patient clinics the same way as those would who had been involuntarily committed. Probably, if there were that kind of a hospital, one would also have provisions for keeping separate

the voluntary from the involuntary patients. But this at least is a direction that offers some hope and particularly can be coordinated with any kind of a preventive educational program.

As I've said the most important thing about it is the emphasis on the element of early treatment and particularly of getting those who are adolescents from starting in this field. I think that as far as statistics are concerned on arrests, I'm not certain about that, I just vaguely remember that, but as far as any increase in narcotic addiction is concerned, it's in the adolescent group during the past four or five years, so they are the ones whom we would prefer to try to rehabilitate and save for themselves and for society through that kind of a method rather than to throw up our hands and say, "well, we just can't do anything. We'll just erect a wall, put them behind it and that will protect society to that extent. It will prevent them from being peddlers". Of course, most narcotic addicts tend, in a small way, to become peddlers. It's just a matter of their being able to save some money or not usually to make money. It's just a matter of making enough to be able to pay for the stuff that they try to get.

So, in a kind of an overall way, I would then recapitulate by saying that our own committee has the general orientation that the problem of narcotic addiction should be handled from the standpoint of being a psycho-biological kind of an illness, only secondarily a law enforcement situation, something which should be viewed primarily from the standpoint of possible social rehabilitation and especially from the standpoint of trying to rehabilitate the adolescents, that the institution of the in-patient and out-patient type of regime will give us some opportunities for being able to

do that. Something in the direction of trying to see whether a plan of this sort would work has, I understand, been started up north in the Pilot Plan Clinic in, is it Alameda County?

MR. CREIGHTON: It's anticipated.

DR. WEGROCKI: It's anticipated. That should give us something in the way of an impression, but frankly a program like that is something which requires years before it can become evident whether it's producing anything in the way of results. So, from my own standpoint, and I know representing the feelings of the entire Advisory Committee, our own attitude is that the institution of a program like this is the only one which is positive, which has something to offer for the individual as well as for society, that all the punitive measures should be considered as things to be applied, rather, to those addicts -- rather to those individuals who are the importers, who are the professional peddlers, the wholesalers, not to the simple addict or the small addict who, in order to support himself, has to try to sell a little bit of the stuff to one of his friends or some of his neighbors. That's all I have to say.

CHAIRMAN SMITH: How do you spell that drug Doctor?

DR. WEGROCKI: Pardon me?

CHAIRMAN SMITH: How do you spell that drug?

DR. WEGROCKI: That drug - nalline is spelled n-a-l-l-i-n-e.

MR. CREIGHTON: Gentlemen, can I ask the doctor just one question while you are on nalline? Doctor, have you seen nalline used or have you used it yourself on --

DR. WEGROCKI: No, I haven't used it but I have kept in contact with the literature that's concerned with nalline. Nalline

has been used so far primarily, not for this purpose of detecting whether an individual is addicted or not, but as a life-saving measure in those cases where, for example, a young addict, by accident, gets some pure Chinese heroin, which is ten times as strong as the Mexican stuff, and is ready to die. Nalline can be a life-saving measure in a situation like that.

MR. CREIGHTON: Have you seen it at all produce any withdrawal symptoms, doctor?

DR. WEGROCKI: No, I haven't had any direct experience with it.

MR. CREIGHTON: Oh, you haven't had any.

DR. WEGROCKI: This is just from the literature.

MR. CREIGHTON: I see. Thank you.

CHAIRMAN SMITH: Doctor, I'm sorry that you weren't here at two. I think Mr. Daly will straighten you out on a few things. We weren't here to pick on your committee. We never have, and I think that the conclusions you may have read from the newspaper, had you been here all the time, would not have left you with the same opinion. I think all of us would agree with what you have said here. I think you have made a very fair statement. This committee, or representatives of each and every individual here, has worked hard on this subject and we've spent many, many, many hours until we finally reached an agreement, we have drawn and redrawn the bill back, forth, comma, paragraph, if's, and's, or but's, until we agreed on a program. We are trying to carry that through here now. We wanted to get the benefit of the thinking of your committee. You've done a fine job, the committee has, and we want to see what conclusions we can get to. After all, we're trying very hard to come to some

agreements here, and I think we all have the same things in mind. We're not trying to just go out and pass all kinds of laws to cut off heads. As a matter of fact, we had a difficult time to keep the public from forcing that law on the Legislature at the last session, and had quite a time of it and we didn't think that that would be the solution. So we appreciate what you have said here.

Emmet, let's find out what you intend to do, is the Attorney General going to draw up a bill? Is he taking into consideration the changes here? I think you should take into consideration the fact the time element on building a hospital. Maybe we should follow through on some research, the possibility of amending the law similar to the Sex Psychopath Act where we could start with a few, and maybe in the budget here of the Mental Hygiene continue with an out-patient clinic. Maybe Terminal Island is the place for that. Some place we are going to come to some conclusions, sometime between now and February 28th. We may be back in session a number of times because these bills will be drawn, every suggestion here will be drawn and we're all going to get copies of them. We won't have a chance to say if, who, and, or but, or change them until we go back in March. They'll be placed in the Legislature, and then come March, we'll find out which ones we are all going to support and get up there and say we're for them.

MR. DALY: A very fair statement, Mr. Chairman, and one thing that I would like to get on the record before I comment generally on what you just said and that is the statement made by Mr. Gentry this morning after I had made my preliminary statement. He said he wondered why I referred to 32,000 medical addicts. Later this afternoon Mr. Creighton wondered where the term, or the number

20,000 addicts in California came from. So I would like to tie those two questions up and try to explain to them and to the committee the basis for that figure. I'll do it briefly as possible. I'm always a little skeptical of statistics, and some year and a half ago I read in an article from Harper's Magazine, written by a man by the name of Geraghty, as I recall, an article which quoted Commissioner Anslinger as stating that there were some 60,000 addicts in the United States. Other periodicals came out and in a very dramatic way said there were up to a half a million addicts in the United States. So at the time when Mr. Anslinger appeared before our committee, I asked him that specific question, if he could tell us how many addicts he felt there might be, and he said, "Well, probably the reason for this great wide variety in opinions between, say, 60,000 and a half a million could be accountable by the fact that sometimes people exaggerate, other times they include medical addicts" and he said it is his opinion as of then - that's a year ago - it is his opinion that we have approximately 60,000 addicts in the United States, not counting medical addicts. Now at a meeting in San Francisco, and I don't want to embarrass Mr. Creighton but I have to be factual about it, the officer in charge of the San Francisco office of the State Narcotic Bureau was one of the experts testifying, and I asked him the question of how many addicts we have in California. And he said we had 32,000 known medical addicts. We have, in addition to that, about 10,000 addicts on our files that we know of, and it is a safe and conservative guess that you could just about double that last figure. So in other words we would have approximately 20,000 addicts who are receiving their narcotics illegally in the State of California. So the two statements were combined

and you can find it on page 17 of the Citizens Report which refers to addiction in California, and that is the basis for the figure of 20,000.

CHAIRMAN SMITH: Mr. Creighton.

MR. CREIGHTON: Would that include individuals or those re-arrested? I was wondering if that was made clear?

MR. DALY: The individuals.

MR. CREIGHTON: Individuals? That is not including second or third arrests?

MR. DALY: Individuals. I'm trying to give it to you as quickly as possible. I could read the exact -

CHAIRMAN SMITH: I don't think that's necessary. We are going to let Captain Irving tell us how we are going to solve this and we'll eventually find out how many.

MR. DALY: The next point that I would like to raise is the one referred to by Mr. Gentry this morning, a suggestion that in as much as apparently there is plenty of room down at Fort Worth that we might give consideration to sending our addicts there. I believe, after having heard what Dr. Wegrocki has just said, regarding the, shall we say, the absence of modern treatment in even our federal hospitals, that it is hardly, in my opinion, the answer for us in California. I don't believe in letting George do it or letting Uncle Sam do it. There are certain things that our government can do better than we, but I believe in this instance that we should face this problem and face it squarely, and if there is anything that we can do for the addict that has been referred to by the various persons who have discussed this yesterday and today, I believe that California should try to do something within our own

State rather than send them off to either Lexington or Fort Worth. In addition to that, we know that those who have gone through Lexington -- a Doctor Fuller who is here I believe testified before our committee, that in his opinion and correct me if I'm wrong, Doctor, because my memory goes back now several months, I believe the Doctor said that in his opinion not more than three or possibly five per cent of those who have gone through the federal hospitals have been rehabilitated. Now they go out of there feeling physically all right, but I think the weakness is and has been that there is no follow up once they get out. And that is the thought that we have had in this committee that it is not the question of putting a man in a prison, or a jail, or a hospital, or any other facility for an "X" amount of months. Truly, he is going to be physically rehabilitated to some degree. It's what we do with him after he gets out - that follow up -that's what is all important, and that is why we have put the emphasis on the clinic approach for the man who would be placed on probation for five years so that we know what he's doing and they have some check on him. Just one further thing that got into the record and just for fear that it might be picked up and used erroneously, Judge Turrentine mentioned that he did not believe that the Legislature would approve any ten million dollar hospitals. Well, I'm so afraid that somebody might go out and start talking that we had favored a ten million dollar hospital. There has never been any mention of cost, I know it's going to cost what-ever program that goes into effect, but let's not start talking about we won't permit or favor a ten million or one million dollar hospital. I know the Judge didn't mean it that way.

JUDGE TURRENTINE: I meant just that any public institution

would cost about that, school, or hospital, or anything else.

MR. DALY: I agree with the Judge. Probably the legislature wouldn't.

On the rest, Mr. Chairman, of the many things that you referred to, I realize the time is of the essence here, it's four o'clock, and rather than go into a long dissertation about what the Attorney General may do, I believe that as a result of this hearing, as a result of the things that have been brought before you, that within the next month that out of our office will come some specific recommendations to you if you should like to have that.

CHAIRMAN SMITH: Oh, sure.

MR. DALY: We shall see that you get them. We are having two meetings of both the northern and southern committees within that month at which Dr. Frym, Dr Wegrocki, Mr. Nebe, who incidentally told me to tell you this morning that he will send you in writing what he would liked to have said today. He's very sorry that he couldn't be here because of his illness, but we will get that to you at the earliest possible date. And then you may also be assured, because I've been told by our Attorney General that I may say this to you, that members of our committee will be very happy to go to Sacramento at such time as you come to your conclusions to assist you in whatever way we can to add voice to your program. That includes such men as Dr. Bowman of the Langley Porter Clinic, Austin McCormick, one of the outstanding penologists in the United States, Professor of Criminology at the University of California, and others, for the time being, not to belabor the point, I think that will cover it.

CHAIRMAN SMITH: May I make one suggestion to you in your

deliberations at your future meetings. Maybe you consider this, I don't know, but it seems to me the problem may present itself if we were to construct a separate hospital just simply for narcotic addicts. I mean we might have 100 addicts in, we might have 200. We're going to have a bed problem, a nurse problem, a food problem and it seems to me that would place a tremendous responsibility on the Department of Mental Hygiene. Now I may be assuming a fact here that I know nothing of. I'm wondering if, rather than to designate the unit as a specific unit for that, maybe part of one unit and part of another, part of Terminal Island or all of it so that the ability is given to the Department to handle them and it is so set up that if we need the additional units for an overall type of facility we could use them. Let them then designate where they are going to do it, because I can just foresee a hospital where we might have a hundred addicts in for a month and keep paying personnel for ten months. Then again we might be over-crowded. I don't know whether that has any merit to it or not, but it seems sensible to me that insofar as designating Folsom or San Quentin, we know who is going to go there, but -

DR. FULLER: Mr. Chairman.

CHAIRMAN SMITH: Yes, Dr. Fuller.

DR. FULLER: We have been advised by another legislative interim committee that there would be a considerable voice against building of any new correctional institutions but a very favorable voice to the enlarging of the present facilities, and upon the strength of that, we have developed a so-called ten year plan which envisions narcotic treatment units at Vacaville Medical Center, at the Southern Medical Center to be built at Chino and so on, parts of

already existing institutions rather than new institutions.

CHAIRMAN SMITH: Just so I can coordinate it, what committee was that?

DR. FULLER: The Miller Committee.

CHAIRMAN SMITH: Who?

DR. FULLER: The Miller Committee.

CHAIRMAN SMITH: Senate Committee.

DR. FULLER: Isn't it a mixed committee of which Senator Miller is the chairman?

CHAIRMAN SMITH: Yes, Senator Miller is the chairman. He's on the Committee on Hospitals.

DR. FRYM: I just want to say in conclusion that I made an extensive trip through Europe and the United States last year in order to visit advanced penal and correctional institutions, and I have seen a lot of progress in France, in England especially, and in some states of this country. But I want to say that what we have been developing here, or I should say our State Department of Corrections, that the medical facilities in Terminal Island and this new out-patient clinic, which has been in operation one year, is unique in the world, and I cannot sufficiently stress gentlemen of this committee how much these endeavors deserve your help and support.

CHAIRMAN SMITH: Thank you very much. Now, Mr. Lester, I want in the record a short statement from you on this one individual that has handled these narcotic follow ups. That's a problem to me. When you have a probation officer that has a hundred, two hundred, three hundred cases, he has a tremendous problem, and if we're going to supervise these men that are given out-patient treatment or whatever it is, then we are going to follow

through on them, if we don't set up a proper supervision, we're dead, because a man can't call them up on the telephone and hear from them once every thirty days. You have to check them, see them, and so forth. Now I'd like to have that statement just briefly in the record as to your experience on that, Mr. Lester.

MR. LESTER: Well, two years ago we took an inventory of our program as far as narcotics cases were concerned, and it was determined that we should make a special, intensive effort to see whether or not, under special conditions, these persons could be helped, narcotic addicts could be rehabilitated under parole supervision. At that time one parole officer was given a case load of 55 of these narcotic addicts and he worked with them almost day and night, giving all of them his home telephone number, making it possible for him to be reached by them at all hours. He was a very dedicated person. He had previous experience in dealing with the problem on a medical basis - a semi-medical basis. He started out by explaining to all of these parolees, individually, of course, that it would be necessary for them to take a complete physical examination each time that he saw them and he saw them on an average of approximately two and some of them three times a week. They were required to take off their coats, roll up their sleeves, roll up their pant legs so that he could observe their veins, the lights were turned out, their eyes were darkened and he used the flashlight technique to determine whether or not there was reaction to light in determining whether or not these persons had been using. If they had had nalline, it would of been much simpler, wouldn't it? The response was far better than we had hoped for from the standpoint of the empathy that was developed between the parole officer and these parolees. There

have been many instances where these persons voluntarily, even in the very late hours at night, called him up and told him that they had let him down, that they had taken a pop and that they were sorry that they would come in and report to him in the morning. On each one of those occasions, he immediately got up, went to the place where the person was and took the person immediately to the county jail. That was all explained to them in advance, and he did it even under those circumstances as their friend and in an effort to save them the necessity of returning to prison. On that basis and over the period of time that he worked this group, which was 18 months, approximately half of them were saved from returning to prison, and they represented really the worst types of addicts from the standpoint that many of them -- from the standpoint of length of time of addiction.

We have transferred that particular person to the outpatient clinic where he again is giving intensive counseling service in addition to group psychotherapy to a special group of narcotic addicts. We can't say how successful this program will be. We only know that it has accomplished more than we have ever been able to accomplish under any other circumstances and the other circumstances being, ordinarily, that in a case load of 85 parolee's, there would be very little time to give the intensive type of supervision that would be required to establish the relationships and the frequent contacts that have been essential in carrying on whatever effectiveness as been accomplished through this particular program.

CHAIRMAN SMITH: Thank you very much, Mr. Lester. Yes, Walter.

MR. CREIGHTON: Speaking of the 32,000 addicts that Mr. Daly referred to that legally use narcotics and also the 10,000 that

are possibly using illicit narcotics, I would like to point out that those figures go back over a period of many years. We started keeping a record of those legal users some 20 years ago or more, possibly 26 years ago, and we also started keeping a record of the illicit users at least that long ago. It is possible that these figures include a greater part of that 20 or 25 year period.

CHAIRMAN SMITH: Thank you, Walter. You work for the Attorney General don't you?

MR. CREIGHTON: Yes.

CHAIRMAN SMITH: Why don't you talk with Patton and you two settle it. I think we all know we got a lot of addicts. Captain Irving.

CAPTAIN IRVING: I think it's no more than right that law enforcement make an expression -- now I don't presume to speak for all law enforcement but I have not found other law enforcement officers who will not concur to a considerable degree with our sympathy with the particularly youthful addict. We think that from a prevention point of view anything that we can do to prevent the youthful addict, or the individual who is youthful in his narcotic experience from continuing that experience is a step in the right direction. We do feel, however, I believe, that as a man progresses in his narcotic experience the probability or possibility of cure rapidly diminishes. Therefore, any treatment program for addiction, I think, as a starting point should be directed at the youthful addict. I'm speaking particularly in reference to the letter that the sheriff wrote in connection with his views on this matter, and he is entirely in sympathy with any program which will be directed to the reduction of addiction and as I said before I'm satisfied that there is not

one of us that wouldn't be entirely in accord with any attempt or anything that can be done to stop addiction. We feel that the earlier a man can be brought to the attention of the proper authorities, the earlier in his narcotic experience that this can be done, the more chance there is of saving him. I respectfully suggest that maybe any treatment program devised be directed in that direction.

Now, I have something I would like to suggest. I've talked to numerous law enforcement officers in regard to this, and it has to deal more with the immediate problem concerning narcotics. It has been pointed out before here that we do have a problem that is on us and it is up to law enforcement to take the first steps in that we are in the first line of defense, so to speak, against the problem. Therefore, I would respectfully suggest that consideration be given to the idea of requiring the registration of all persons who are convicted under violations of Division 10 of the Health and Safety Code in a manner similar to the requirements for registration under Section 290 of the Penal Code relating to sexual psychopath or the sex law violators. We feel that the addict and the peddler are a threat and a menace to society generally, and on that basis we feel we are justified in making such a request. Now it is not with the idea of browbeating or shaming people who have violated Division 10 of the Health and Safety Code, but it is submitted with the idea of stabilizing and in an attempt to bring these people down to earth. They are a flighty group of individuals, they move about from place to place seeking greener pastures at all times where there's less likelihood of detection and apprehension, and as such an influx of people who have been convicted or who are engaged in narcotic

activity then move into a community and suddenly create a problem which no barriers have been set up for. I believe that legislation of this type, to a degree, would provide a psychological deterrent to the use of or traffic in narcotics and dangerous drugs, would provide a means of control and identification of addicts, would provide a means of control and identification of potential narcotic addicts and those engaged in illegal narcotic traffic from other states, and last, and I think not the least by any means, it would attempt or serve to furnish an accurate index of the degree of the narcotic problem that we have within this State. There is a lot of speculation, nothing basic, upon which to attempt to define the narcotic problem, and I think by requiring the registration of those who have been convicted of narcotic law violations would serve to provide an index to the problem within the State.

There is one other thing. Characteristically, the narcotic peddler and user changes his name as often as we change our shirt. It is done primarily for the purpose of escaping detection and apprehension. I would like to further recommend that in the registration a requirement be made that the registrant also indicate any nicknames or monickers or aliases by which he may have been known during his narcotic activity. I have talked to a number of law enforcement officers in this area and I have found none that are not in sympathy with this program. The City of Los Angeles has a City ordinance which requires this; however, I think that Inspector Wisdom will concede that it would be more desirable on a state level rather than a strictly local level because there is nothing that prevents a registrant from the City of Los Angeles from going to the City of San Francisco or City of Fresno or any

part of the State, and I think it is of importance to law enforcement, as an immediate control device, to know when and where narcotic traffickers, or people involved in narcotic traffic are coming into a community. Thank you.

CHAIRMAN SMITH: Thank you. Now, we went into this Registration Act two years ago and drew up the bill, placed the bill into the Assembly and at the final hearing in February before we went back - that was a rough hearing that day and I am not too certain that my memory serves me correctly, but some place along the line the majority came to the conclusion that at the present time it wouldn't serve any particular purpose, we knew where the addicts were anyway and why worry about it, so Mr. Kuns, do you think you can pull it out. It's in the 2200 and something in there and let me have a couple of copies of it and Mr. Kenneth Irving Deputy Sheriff, or is it all right just to send it to the Los Angeles Sheriff's office?

MR. IRVING: That would be fine.

CHAIRMAN SMITH: Narcotic Detail, Hall of Justice?

MR. IRVING: Correct, sir.

CHAIRMAN SMITH: If you will send one of those to him and send me a copy of your letter, and if you will take that bill up with whoever in your department you want to take it up with, have the district attorney go over it, see what changes you would like to offer, send it back to me, we will have Mr. Kuns, our ever faithful attorney, rewrite the bill and then we will see if you all will agree with that this time and we would be happy to have a Registration Act. I am certain that George Brereton will do it for us. He is always very cooperative in getting out the forms. It puts more work on the Attorney General's office, but I think

they will be happy to do it. I think we better find out whether we have 2,000, 10,000 or 50,000 so that two years from now we will know what we are talking about. It will take some time to get them all, but maybe we can figure out some way. I think one of the problems is rather than changing the address from the 30 days, we better cut it down to a week.

MR. IRVING: Very definitely. I think that the time limit within which they should register should be cut down materially.

CHAIRMAN SMITH: You better be careful on your aliases because a fellow could have a lot of aliases, and if he just omitted to name Henry Jones or Jack or Joe and then you had a penalty in there, it might make it pretty rough. I don't want to make it a crime for a man not to list his aliases but make it a crime for failure to register. Make an alias of any name he has been arrested under, but don't make it so tough that the Appellate Court will throw it out. What would you say, Judge? I mean that is pretty rough, isn't it?

JUDGE TURRENTINE: Oh, I don't know, it seems to me a fellow ought to remember all except his hotel alias raps.

CHAIRMAN SMITH: They might omit one or two on the registration then if we came along and tried to prosecute a man for that, for leaving out his aliases. What we want is so that you can check back, a record of all his aliases, and any penalty should be based upon the failure to register, I think.

Now, Mr. Rogers, you have sat here very patiently all day. You are the probation officer from San Diego County, is that correct? May we have some words of wisdom from you? I see that Mr. Keller didn't get here, so between the two of you and Judge

Turrentine, you have a couple of problems. Let us have them, will you.

MR. ROGERS: I wonder if I may make a general remark first. To explain my approach, may I point out that a probation officer is not an attorney but serves the court and must be familiar with the law. He is by law a peace officer. He makes use of the techniques of social case work which draw greatly upon the professions of psychology, psychiatry, and sociology, so with all those as a background, as I have sat here this afternoon I feel that, first, there should be excluded from consideration the non-using person who is involved in any form of narcotics traffic. They are criminals and vicious ones, but the user, in his treatment, should be accorded treatment rather than punishment but that should take place in an authoritative setting because of the very nature of the average addict, or user, or habitual user there is need for control to insure that the treatment may continue to a successful end, and that that treatment should include institutional care, medical, psychiatric, and post-institutional supportive control and supervision for an extended period of time. I believe that there are existing agencies, institutions, and services which might provide that form of treatment without creating a new institution, and as Judge Turrentine has remarked earlier, there is tested legislation in the area of the sex psychopath which might be followed to set up such treatment.

Mr. Leonard mentioned the fallibility of statistics based on arrests and prosecution. In juvenile court work we have found that many juveniles, who are referred to us for problems ranging from curfew violation to armed robbery, are so listed by the police in their records and in referring to the court, the reason for the

referral is one of these many violations, yet when we make an investigation, we find that the youngster has been involved in narcotics and dangerous drugs and not infrequently the offense that brought them to the attention of the police has been the result of their need for funds to buy the drugs or because they are under the influence of drugs, so I think the committee should be aware that the number of arrests is no true index of the size of this problem of narcotic use and addiction.

A recent publication in the field of psychiatry, one of the standard magazines, carried an article referring to research on young narcotic addicts who were examined at one of the federal institutions, and the psychiatrist reported that in examining these he found many who did not show the severe personality disorders that have previously generally been believed to be a prime factor in disposing to the use of drugs. Many of them gave a history of association as the major reason for their first introduction to the drugs rather than the severe personality disintegration or defect. I think that should be considered, particularly as we look at the local ordinance in San Diego which provides for the apprehension of persons under the influence of a narcotic or dangerous drug. They are not yet habituated nor are they addicted, but if they are under the influence, it provides a means of making the first contact, determining if they are in need of treatment, and making it possible for authority to provide that treatment. Of course, the time to help the addict is before he becomes the true addict. This ordinance makes it possible to start at the very beginning. Judge Turrentine probably will have more to say about this ordinance and its value, but I feel that it is something, if broadened and put into the state law would, make it possible

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to help a lot of these beginning drug users before they go so far along the line that they would not respond to help.

CHAIRMAN SMITH: On that ordinance, Mr. Rogers, could the City Attorney or somebody send us a copy of it so we can have it either now or tomorrow?

MR. ROGERS: You haven't a copy of our ordinance?

CHAIRMAN SMITH: I don't believe I have.

MR. ROGERS: Sure. I will make a note of that. In brief it provides that one under the influence of a narcotic is subject to arrest and prosecution and contains the exceptions as outlined in the suggested amendment by Mr. Redwine today, in view of their local decision here, and we put the burden on the user or the person under the influence of justifying his use under a doctor. After all, he knows whether it's under the prescription of a doctor and we can't check them all over the State, and it is serving a very useful purpose, particularly because of our closeness to the border where people can go over and easily get narcotics. If they get and use narcotics in Mexico, that is no crime here, but when they come over here under the influence of it, then it does become a public menace and we can prosecute under that act. I would be very glad to send you a copy of it. How many would you like?

CHAIRMAN SMITH: We will need a couple. I want to give one to the Legislative Counsel, it would save a little work. They have 6,000 bills to draw up between now and January.

MR. ROGERS: How many do you want? Would six be enough?

CHAIRMAN SMITH: That would be swell.

MR. ROGERS: I will send them to your office here.

Let me say this, while I have the floor, on this out-patient

clinic basis. I use the term \$10,000,000 because I think you have got to talk to the Legislature in dollars and cents, and if you adopt that theory you can't establish one out-patient clinic. You have to establish a lot of them because they have to be near enough to the person at liberty so he can go to them. A San Diego man can't go to a clinic in San Francisco twice a week, and he can't come to one in Los Angeles because when he is out he is not making too much money and you can't expect him to take a day or two to do it to the prejudice of himself and family. Now, what they have established in the general psychiatric field already is, what did they say, seven or eight or nine in the State, and the services they are rendering. They are six and eight months behind before you can get an appointment, and according to Mr. Lester's statement here, a case load of 55 is about all that one person can service, so they have painted an ideal here, and to be effective there must be enough of these out-clinic places to service all these people out on probation or parole. That must be considered.

CHAIRMAN SMITH: Now, Judge, briefly do you want to present any problem to us or shall I wait and get it from Keller on where they go over into Mexico and obtain the shot over there and then come back and the difficulty of prosecuting them when they come back. Don came up the closing days of the session and wanted to change that law, and I am in a state of confusion. You see, where they don't have jurisdiction, where you don't get jurisdiction in the United States because they obtained it and committed the crime in Tia Juana, how are you handling that now?

JUDGE TURRENTINE: That is our Influence Ordinance.

CHAIRMAN SMITH: The Influence Ordinance. That's the way

you take care of that.

JUDGE TURRENTINE: That takes care of the jockeys and musicians who want to get hopped up and come back and perform under it and not get prosecuted.

CHAIRMAN SMITH: That is what you have done to take care of that?

JUDGE TURRENTINE: That is it exactly.

CHAIRMAN SMITH: Now, Mr. Rogers, do you have enough of these addicts under your supervision as Chief Probation Officer to give us any thoughts on how many they can handle or what they should do from the probation standpoint, or the supervision, in connection with this out-patient clinic?

MR. ROGERS: Well, as you know, the change in the law permitting probation in narcotics cases is fairly recent, and so we do not have a great number under supervision. I know that during the calendar year 1953-54, we made 34 probation investigations with report to the court on narcotics cases; however, from personal experience with narcotics addicts under parole supervision, as well as under probation supervision, and from other materials that have been available, I believe that it is essential that the probation or parole officer working with addicts first have a small case load, and when Mr. Leonard told you 55, I thought that that was a pretty stiff case load, actually, for one man to handle if he is going to give careful supervision. Certainly, it should not exceed that, and the probation or parole officer assigned to the work should be well qualified, should understand the problems of the narcotic user, should know their personality, their attitudes, and the tricks of the trade, because if you are not awfully sharp these boys can give you a snow

job every time.

I believe, too, that having available to them supportive psychiatric help is most important. That might be provided through the state mental hygiene clinics if they were expanded so that they could handle the load. Otherwise it would mean that other services would have to be made available, perhaps the type of service that has been recommended by the Citizens Committee of providing psychiatrists locally who would give additional service. You can't expect a psychiatric social worker or psychiatrist to do the type of supervision, which may also include the surveillance that is essential to keeping this type of probationer or parolee within bounds, so you need supportive help, skilled case workers, and small case loads.

CHAIRMAN SMITH: Well, if we pass a law in the State on this where we have the out-patient clinic and supervision and probation and where the courts can handle them that way, would you anticipate any trouble from a monetary standpoint. Would your board of supervisors give you the necessary probation officers to handle it, or wherever you get your money, I don't know whether you get it from the board or what. You are going to pay for those. We are not going to put them on state probation officers too.

MR. ROGERS: If it's under the State Mental Hygiene, they would have to handle it. If they want us to handle it, we would have to provide the funds.

MR. LESTER: If the law were explicit on the case loads and the amount of supportive psychiatric service that was to be provided, the board of supervisors would have no choice but to follow the ruling.

CHAIRMAN SMITH: I merely mention that so Mr. Daly can

keep it in mind because I don't think any probation officer can handle any two or three hundred of this type of case. He might handle the thief or the burglar all right.

MR. ROGERS: They can't properly handle that many of any kind. Ask Mr. Lester what he thinks about the case load.

MR. LESTER: I didn't make it clear a while ago and I want to now that 55 narcotic addict cases is too heavy a case load. I did say that this man was so dedicated that he gave his time, day and night, to this job, and we can't expect to have our parole officers do that in case after case. I believe that 40 addicts would be a maximum case load. I know 40 would be a maximum case load. I know that this particular individual gave an average of over 70 hours per week to his job, and that is asking too much of any person.

CHAIRMAN SMITH: Well it seems to me we have come to a few conclusions anyway on the not changing the sentence to life and death, and not giving drugs to addicts; we came to the changes on sex psychopath law, a couple on the hypodermic needle and on the 647 too, probably to take that out of 290, possibly a good consideration at least on a possible registration act for the violators of Division 10, and we didn't come to a conclusion on this change where we went from five to life on 11713 at the last session where the question was raised with the discrepancy between the county jail. I think for all practical purposes that we all understand it and the Adult Authority can handle it, it is just a question of what happens on the jury and that came up yesterday, Judge, where we changed it in '54 at the Special Session instead of being one to 15, we changed it from five to life, which is a break between not to exceed one year in the county jail and the question was raised yesterday that they might

lose some convictions because they thought the jury might fear that big gap in there. We are all right so far as the Adult Authority is concerned. It's a matter of a certain number of months that can't be explained to the jury, the penalties can't be explained.

JUDGE TURRENTINE: I am not so sure that's true under the Supreme Court decision in that murder case from Ventura County that they explained the penalty and what the parole board could do. Judge Walter Fort handled the case, Nick Carter wrote the opinions saying that that was perfectly proper. It came down about two or three months ago, I would estimate. That is a Supreme Court case and it was a murder case. In the second place in this section 11713, the jury wouldn't be influenced by this county jail one year or more. Does it say the jury does that? It doesn't say that the jury does that.

CHAIRMAN SMITH: No, but the thought was that eventually the word gets to the jury that if he is convicted and if he has had any priors, he is going five to life, and also the question came up that there is the possibility that on the extensive penalty possibly the judges were dismissing too many priors.

JUDGE TURRENTINE: I don't know, maybe they are.

CHAIRMAN SMITH: But you think it is all right the way it is?

JUDGE TURRENTINE: I don't think it will have an effect on more or less convictions. I will state it that way because it puts it exclusively with the judge to determine what he will do as to whether he will make it a misdemeanor or a felony. I think your penalty is okay.

CHAIRMAN SMITH: We did have one suggestion that was made whereon the seller, which would again be 11713, I guess - We had the

suggestion that on the first it be ten to life, mandatory, and on the second, life. Now I think the consensus of the committee, at least until that suggestion was made, was that we ought to try these changes we have made for a little bit longer until we get a few more statistics to see where we are before we go right back in now and change it again having changed it twice within the last year. Would that be along your line of thinking, Judge Turrentine?

JUDGE TURRENTINE: Yes, it would.

CHAIRMAN SMITH: Now, going to our hospitals and our out-patient clinics, we have had a lot of information on it. I don't feel that we should try and place that to a decision here today as to just how that should be worked out. I think that Mr. Daly and the Attorney General's office should take our thoughts here and when we get a transcript we will let you have it and you should write that bill up, consider it, and let us have it. Then I will get it to every member of this committee and from then on Mental Hygiene can see how they think they can help. The probation, the Adult Authority, and all of us can then give some thought to which would be the best way to start attacking this so that we can present it the next time, because I don't feel qualified to make a decision myself and I wouldn't want any of you people to unless you all felt that you were qualified to decide. I believe we need a little more time on that one, a few more meetings. Is that satisfactory to everybody?

Now has everybody here had a chance to let us have the benefit of their thoughts. I appreciate many of you have come a long distance. You are very faithful, and between now and February I hope we will come to some specific conclusion. I know that Mr. Howland would like to have something on automobile forfeitures,

but I have discussed it with him and I really think that is a problem that we can sit down with the committee and work out. We have had it before and heard it many times and it is just a course of working out the language. I frankly don't think that other than Walter and Mr. Gentry, Walter Creighton, and the police officers here, that it is a problem for Mental Hygiene or Adult Authority. I didn't give you the courtesy of asking if you had any comments to make along the other lines that we have had here.

MR. WALLACE HOWLAND: I wondered if the committee would be interested in any particular project that might be undertaken by the Department, and particularly by the Bureau of Criminal Statistics, for the purpose of endeavoring to get a little more accurate information in some areas where it does not now exist. If you undertake any one of the programs which have been discussed here today, obviously it is going to have to be reduced to a dollars and cents basis sooner or later. It is my understanding, I am sorry I was not here yesterday, but it is my understanding that we are still short on statistics, on the number of people who have run afoul of the present law who are in this category of being addicts only. I am eliminating from my remarks any consideration of peddlers or pushers or what I call the criminal class, but we are scant on statistics on just how many there are in this addict class for which all of us would like to give some special consideration.

CHAIRMAN SMITH: How are you going to get that?

MR. HOWLAND: You can get anything if you are prepared to pay for it, Mr. Smith.

CHAIRMAN SMITH: You would have go get ahold of every police department, follow through every municipal court, wouldn't

you?

MR. HOWLAND: I have found in my brief case here some figures that might throw a little light on the subject. This is a study that was made by the Bureau of Narcotic Enforcement of arrests in which the state bureau participated. We have a little better statistical control over the operations of our own state bureau than we do in the case of arrests that are made entirely by outside agencies for purely obvious reasons, and this study has to do with the arrests in which state bureau personnel participated over an 18-months period from July, 1952 to June 30, 1954, correction that is two years, two fiscal years from July '52 to July '54. During that period of time, our state agents participated in a total of 2,482 arrests. Out of that, charges were preferred which broke down as follows: felony, 1,867; misdemeanors, 403; addict, under 5350 of the Welfare and Institutions Code, 107. In the misdemeanor category, under 11721, there were 294 charged with being addicts, so that you had the 294 charged under section 11721 of the Health and Safety Code, plus the 107 who were charged under the Welfare and Institutions Code. You come up with a figure of 401 people charged as addicts only out of the 2,482 total arrests. Now, I am not prepared to say what conclusions or how significant those figures are, but they are the only figures that I have seen that indicate how many people are in this addict only category. I think that this is a topic that perhaps your committee might be inclined to give a little budgetary support to, because if we are dealing with, let us say, 1,000 addicts in the State of California, obviously we can afford certain facilities and a certain quality of treatment which would be impossible from the point of view of political economy and financial considerations

if you are dealing with ten times that number.

CHAIRMAN SMITH: Yes, from a practical standpoint if we are going to handle this at the next session, these facts and statistics would be of value to us come March or April, and there is not much we can do on the budgetary standpoint between now and then.

MR. HOWLAND: I have in mind that last year, with some help from our statewide committee, we got some help for the Bureau of Criminal Statistics to make a special study on probation.

CHAIRMAN SMITH: That was in the budget, wasn't it?

MR. HOWLAND: Well, we got some budgetary help, yes.

CHAIRMAN SMITH: I mean we can't do that between now and our next session next year if we need this information to help us on the argument on this out-patient clinic.

MR. HOWLAND: Well possibly we can get hold of some more urgency funds.

CHAIRMAN SMITH: Can't you get those statistics for us, Wallace?

MR. HOWLAND: It is a manpower problem. The figures are available in the county offices. We could in 60 days time, if we could get hold of the people, put them in Los Angeles and Alameda County and in the key counties in the State. The county people are only too happy to cooperate and make the records available, but we have to supply the manpower.

MR. GENTRY: I would like to add these statistics for what they are worth to your committee's records in connection with what Mr. Howland stated as to the extent of the problem. The Federal Government has, for a number of years, kept addiction records on those addicts that we encountered within our own agency. In

June, 1953, we initiated a program of enlisting the aid of the local law enforcement agencies, plus your state agencies, sheriff's departments in contributing to this problem as well as the Division of Mental Hygiene for the State of California. As a result, at the outset of the program we were unsuccessful in getting stenographic help and so forth, particularly in Los Angeles County, but in the year 1953, which we submit as only partial since we did not have coverage from Los Angeles County, but we did have fairly accurate coverage from the rest of the State, from June to December 31st we encountered a total of 558 drug addicts and there were no duplications. In other words, we eliminated the duplicates. To break down on that, in Los Angeles County we did have reports on 176, the majority of which came to us through the Division of Mental Hygiene accepting addicts for treatment under the state law. San Francisco had 190 drug addicts encountered. In San Diego County, 25. In the other cities throughout the State, there was a total of 167, bringing your total to 558. Now, in 1954 we had additional support in the program. We reached a little farther into the matter, and beginning in April or May of this year, we have the support of the Los Angeles Police Department and the Sheriff's office in contributing to it, and we believe that we have fairly accurate statistics since that time. However, to date, since January 1, 1954, we have received reports on 783 addicts and there are no duplications. They have all been eliminated. The breakdown on that is in Los Angeles County, 428; San Francisco 193; San Diego 31, and the other cities throughout the State, 141, so we do have probably the only available index that we have been able to build up in that period of time, and I furnish that to you for what information you may need.

CHAIRMAN SMITH: Thank you very much, Mr. Gentry. Thank you one and all for your patience in coming down. I hope you don't have to work over the weekend.

Surely, I didn't know you wanted to say something. Get up there to the mike. What's your name please and address?

MRS. SHULTS: I'm Mrs. Grace Shults, 4343½ Griffin Avenue, Los Angeles 31.

All of these things that you have been discussing are very important, but they are just building up the dykes and they are necessary and must be done, but there is no reason for making palaces. You talk about ten million dollars. As long as our soldiers are fine boys, and can live in camps, so can addicts, and they should know that the wolves, the peddlers that put them there are to be disposed of. There are two criminals here, the peddlers, the skunks and wolves. I am simply astounded to learn that they are merely listed, registered. They should be treated as any other criminal. Any mother will tell you she'd rather see her child murdered than debauched. The other criminal is the smuggler. Now our cities are full of dogs, useless dangerous dogs, and somebody should be smart enough to teach those dogs to ferret out narcotics and stop this smuggling business. I was - the human animal is the only one which debauches its own young.

I was in the schools here when the progressive education hit and right then began lazy teaching, lazy pupils and lazy homes. In all of these troubles, there is sex trouble because that is used as a lure and a means, as power. On all the shelves of the schools of this country, there are books which teach depravity. One pearl from Pearl Buck tells of a young man going, that he went to a prostitute to learn about sex because sex was her business. That

is in a book written by Pearl Buck, and the wife of Paul Robeson, our genial brothers. Those are Unesco books, and anybody who subscribes to Unesco subscribes to those books which teach depravity. They are on the shelves. You remember they had a fight last week up in Marin County, and the consensus of the opinion was that those books contained some very terrible things but they contained a lot of good things so nothing was to be done and the whole damnable situation was white-washed up there. I hope we are going to do better in Los Angeles.

The big need for our young people is some apprenticeship. That system was broken up by the unions, remember? I have taught in the eastside of town, and along toward the end of the day, great big boys, Mexican boys, any kind of boys, that are just powerful, man powered, they haven't a thing on earth to do and they gather around the schools and wait for the girls to come out. Now they should be put to work. There should be apprenticeship. There is a demand for labor and all that young labor should not be wasted. But to me, I think the appalling thing to learn is that the big job is for the peddlers to be treated as regular criminals even to the death penalty. You have an example right here of fine young men, a rich boy, a talented boy, a talented musician. Some worm wormed himself or herself into that boy's influence, and there he is an addict. This is a bigger thing than any of us realize, and we are to blame if we don't put our finger on that peddler and eliminate him. I thank you.

CHAIRMAN SMITH: Thank you Mrs. Shults. Miss Port do you have anything you'd like to add? You're the only one that hasn't spoken in the room. That will be all gentlemen. The meeting is adjourned.

ADJOURNMENT 4:55 P.M.